

THE REPRODUCTIVE BEHAVIOUR OF YOUNG

COLOURED MOTHERS

KNOWLEDGE, ATTITUDES AND PRACTICES WITH RESPECT TO BIRTH

CONTROL AMONGST A GROUP OF COLOURED MOTHERS BETWEEN THE

AGES OF 15 - 20.



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by

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## INTRODUCTION

World population has already increased fivefold during the last two centuries, and on present trends will nearly double again by the year 2000. Even more to the point are the profoundly significant changes taking place in its distribution. Three-quarters of the total are now inhabitants of less developed countries. But since poor countries have a population growth (2,4% per annum) double that of the rich, it is a proportion which is going to greatly increase in coming decades. More and more people will be concentrated in those parts of the world least capable of providing for them.

In the rich countries death rates have fallen to very low levels, but birth rates have also dropped. In poor countries, birth rates have remained high while at the same time dramatic cuts in the death rate have been achieved. Since there is still plenty of scope for further reductions in the death rate, it is likely that the population will increase still faster than at the present rate.

In the poor countries, population growth represents a major obstacle to further development. This is because, firstly, the age structure changes in a rapidly rising population. Nearly half of the total population in developing countries are below the age of fifteen. This ratio of workers to non-workers is called the 'burden of dependency' as these young people make heavy demands on the community's limited resources.

In addition, the problem is not just a short term one which will be solved as the young people become active producers. On the one hand, as the demographic bulge moves up, they also become procreators, so that the rate of population increases further, and on the other hand, they can only increase their productive output if there are jobs for them to do. It has become an overwhelming task for poor countries to create enough jobs to absorb the increases in the labour force created by the population explosion.

Therefore, in recent years, substantial increases in output have been needed, just to maintain existing income levels per head. Standing still has in some cases become an achievement in itself.

South Africa represents a microcosm of the world's demographic situation. The



whites, with a higher standard of living and smaller numbers, correspond to the Western developed countries, while the non-whites, with a lower standard of living, and higher numbers, correspond to the poor countries of the world.

Low incomes are closely associated with inadequate diet, poor health, sub-standard education and lower life expectancy - the 'vicious circle of poverty'. Low production results in low income, which leads to malnutrition, ill-health and insufficient education and therefore low productivity and low income.

These problems are clearly exemplified in the case of the Coloured community of South Africa. The increase of the Coloured population hinders their socio-economic development and as such presents a problem which deserves investigation.

Recent findings indicate that Coloured women do not plan to have large families but rather that they happen to have large families. It has also been shown that the younger a girl is when she begins to have children, the more likely it will be that she will have a large family.

It would therefore be of interest to attempt to isolate which factors play a rôle in influencing young Coloured women to have children relatively early. From this information certain specific tendencies could be extrapolated which might be useful in assisting these young girls to practice birth-control effectively.

A pilot study of forty interviews was conducted during October-November 1973, using a group of women at Tygerberg Hospital. The questionnaire used was a standard questionnaire devised by the United Nations in order to do surveys on birth-control practice in various societies. The questionnaire was tested with Coloured women aged between 15 to 45 years. After analysing the data, a number of significant tendencies amongst the 15 - 20 year old group was found and for this reason it was decided to devise a questionnaire specifically for this group. The following emerged:

1. Some of the women in the age-group 15-20, had no knowledge about birth-control prior to their pregnancies. It was found that many of these women had been informed about contraception during their pregnancy. It therefore appeared that information is withheld from these women until after they are pregnant.
2. Many of the girls in this group showed little preparedness for motherhood, they were not going to care for their children themselves and usually expected the

grandmother to care for the child. In fact, babies born under these circumstances may be considered typical 'unwanted' children.

3. Contrary to popular beliefs, many of the respondents in the sample, were not promiscuous, but had a fairly steady relationship with one man. This study was the first one of its kind which included unmarried as well as married women within the sample.

As a result of these preliminary findings and also because this age-group is entering its child-bearing years, it was decided to devise a questionnaire which would be specifically directed towards this group.

The aim of the present study was to obtain information on the reproductive behaviour of a group of Coloured women between the ages of fifteen and twenty, and to describe their attitudes towards children and marriage in general as well as their knowledge and attitudes concerning birth-control practices.

In view of the very high illegitimacy rate amongst Coloured people, a group of young women who had recently had a confinement was selected for interviewing, with no consideration being given to whether they were married to or were cohabiting with the father.

## CHAPTER I

### POPULATION GROWTH

#### 1. Population Growth of the World

'It took mankind all of recorded time until the middle of the last century to achieve a population of one billion. Yet it took less than 100 years to add the second billion, and only 30 years to add the third billion. At to-days rate of increase, there will be 4000 million by 1975, 7000 million by 2000 and 14000 million by 2030.'<sup>1)</sup>

Not only has the world population increased from one century to another, but the rate of acceleration itself has risen. From 1951 to 1955, the world population increased by 6,8%, an average of 1,67% per annum. By 1966, however, the rate of increase had grown to 2,1% per annum.<sup>2)</sup>

#### 2. Distribution of Population

The average annual increase of 2% per annum for the population of the world does not reflect the very uneven distribution of this increase in different parts of the world. In Western Europe the rate of increase is only 0,7% while in Asia it averages 2% and in Latin America it even reaches 3% per annum. An increase of 2,5% to 3% per annum has become the norm in developing countries (Sauvy, 1961). The rate of 2,5% per annum is equivalent to a doubling of the population in less than 30 years and to a multiplication by 12 in one century.

A further important aspect in the distribution of population is caused by the most extensive and rapid urbanization the world has ever known. 'In 1850 only four cities on the face of the earth had a population of 1 000 000 or more. By 1900 the number had increased to nineteen. But by 1960, there were 141 and today (1975) world urban population is rocketing upwards at a rate of 6,5% per year. This means a doubling of the earth's urban population within eleven years' (Toffler, 1970).

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<sup>1</sup>Declaration on Population, signed by 12 Heads of State in 1966 and by 18 more governments in December 1967. (Lorraine, 1970).

<sup>2</sup>Background Facts on World Population and Population Trends : U.N. Document, February, 1957 (Lorraine, 1970).



### 3. Population Growth with respect to Age Distribution

The main cause for the accelerated growth rate in the developing countries has been the extremely rapid decline, over a period of forty years, in the death rate, particularly in the infant mortality rate. The decline of the infant mortality rate in Asia, Africa and Latin America, during the past thirty years, has resulted in a large increase of young people within the total population. Thus over 40% of the population of these countries is under 15 years of age, compared with 30% in North America and 25% in Europe (Lorraine, 1970). This has implications both for the present and for the future. At present, this group is largely dependant, making heavy demands on the economy as a whole.

Table 1

Dependency ratios, 1970, persons aged under  
15 and 65 and over, per 100 aged 15 - 64 years (Piek, 1975)

AREA	1970
World Total	72
More developed regions	57
Less developed regions	80
Africa	90
Latin America	87
Europe	57
South Africa Blacks	91
Coloureds	96
Asians	71
Whites	60

With respect to education for example, a survey published by U.N.E.S.C.O. in 1969 indicated that population growth is outstripping attempts to raise literacy with the result that the number of illiterates in the world is actually increasing.<sup>3)</sup>

<sup>3</sup>Population Reference Bureau, World Population Data Sheet, UNESCO, April 1969. Loraine (1970).



#### 4. Population Growth and Food Resources

According to a UNESCO estimate, between 400 and 500 million children suffered from malnutrition and starvation in 1973. It has been calculated that the availability of food per capita worldwide has not increased since 1936, and actually decreased in the last decade (Guernier, 1975).

In addition to the general shortage of food, especially in the less developed countries, there is also a shortage of calories (energy) and protein in the diet. The development of the brain and central nervous system needs high-quality protein found in milk, eggs and meat, in addition to vegetable proteins.

Table 2

Nutrition gap between industrialized  
and developing countries (Mesarovic and Pestel, 1975)

	Daily Needs Per Capita	Actual Average Daily Consumption per Capita	
		Industrial Countries	Developing Countries
Calories Intake (in kcal)	2200 - 3000	3100	2150
Total Protein (in Grams)	70	90 - 110	35 - 60
Animal Protein (in Grams)	40	30 - 70	5 - 10

Table 2 illustrates that the animal protein supply is already critical in the developing countries. This insufficiency in the diet of young children leads to kwashiorkor and in adults causes loss of body substance and increases susceptibility to infections.

## 5. Population Growth and Labour

A further implication of the increasing numbers is the effect this will have on the labour markets of the world. Between now and the year 2 000, the numbers of workers in Latin America will increase by 120%, it will more than double in Africa and Southern Asia, leading to a projected world of 2600 million employees by the turn of the century. Of the total increase, Asia will account for 63%, Africa 15%, Latin America 10% and Europe, Russia and North America 4%.<sup>4)</sup>

## 6. Population Growth in South Africa

### a) Population Increase:

The population in South Africa increased from 5 million in 1904 to 25 million in 1974. This represents a four-fold increase in 66 years. The total population's average annual growth rate between 1960 and 1970 was 3,4%. This constitutes a doubling of the population in 20 years. The rate of acceleration increased annually between 1970 - 1975 by 2,8% (India 2,5%).

The percentage annual increase by groups between 1970 - 1975 was:

Whites	1,5 (excluding immigration)
Coloureds	3,0
Asiatics	2,4
Africans	2,9.

The South African growth rate of 2,8% is amongst the highest in the world (Van Rensburg, 1973).

If the present growth rate is sustained, the total population of South Africa will number 44 million by the year 1990, 88 million by the year 2010 and 176 million by 2030, 55 years from now (Mostert, 1975).

Figure 1 shows the projected population increase until 2010:

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<sup>4</sup>Report published by the International Labour Organization (ILO), Geneva, 1974. (Donaldson, 1973).

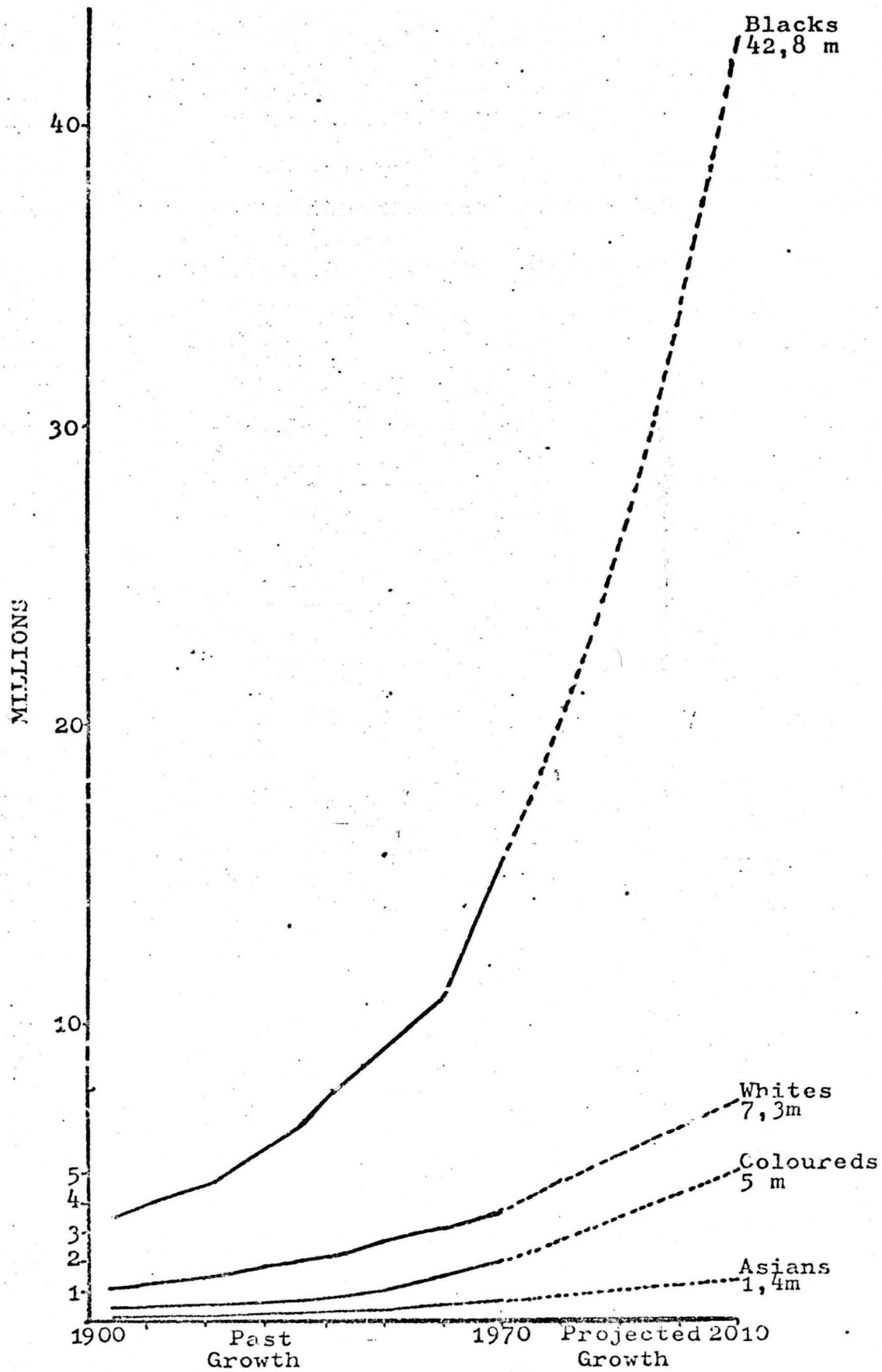


Figure 1. Population growth in South Africa (Courtesy W.P. Mostert, 1975).

According to Sadie (1971b), the republic is a microcosm of the world's demographic situation. The Whites in South Africa have a declining fertility, low mortality and a growth rate of 2,1% per annum. The Asians have a growth rate of 3,2% per annum. The annual growth rate of the Coloured population has fallen from 3,6% in 1960 - 65, to 3,3% in 1970. Sadie (1973) predicts that the Black population will reach a rate of increase of more than 3,7% in the 1980's.

#### b) Urbanization

Population increase is accompanied by an increasing rate of urbanization throughout the world. By the year 2000, 61,1% of the world's population will be living in urban areas. Africa already has three cities which number more than 1 000 000 inhabitants. These are Cairo, Soweto and Johannesburg (Van Rensburg 1972).

Table 3

Percentage of population living in urban areas  
in South Africa<sup>5)</sup>

YEAR	WHITES	COLOUREDS	ASIANS	BANTU
1951	79	66	78	28
1960	84	68	83	32
1970	87	74	86	+ 37

#### c) Age Distribution

Table 4

Age Distribution in 1970 (Van Rensburg, 1972)

AGE GROUP	BANTU	COLOUREDS	ASIANS	WHITES
0 - 14	43	45	39	30,8
15 - 64	54	52,2	59	62,5
65+	3	2,8	2	6,7

<sup>5)</sup> Information supplied by the Department of Health, Pretoria, 1975. (W.P. Mostert, 1975).



The age distribution in Table 4 has implications both for the present and for the future. The economic disadvantages suffered by the non-white group is well-illustrated. The age-group 15 - 64 represents those who are potentially productive. The Whites with 62,5% in this group and 30,8% children, have 203 potentially productive people to care for 100 children. In the Coloured group, there are 125 and in the African, 116 potentially productive people for each 100 children.

d) Increase in Labour Force:

The high population growth rate, specific age distribution of the Coloured population, as well as the potential for increased rates of participation for Coloureds in the labour force are all factors which indicate a rapid increase in the labour force (Thomas, 1973). Sadie (1971a) estimated the increase to be around 300 000 between 1970 and 1980, leading to a total Coloured labour force of more than 1 million and an annual increase of 25 to 35 000.

## CHAPTER II

### POPULATION CONTROL

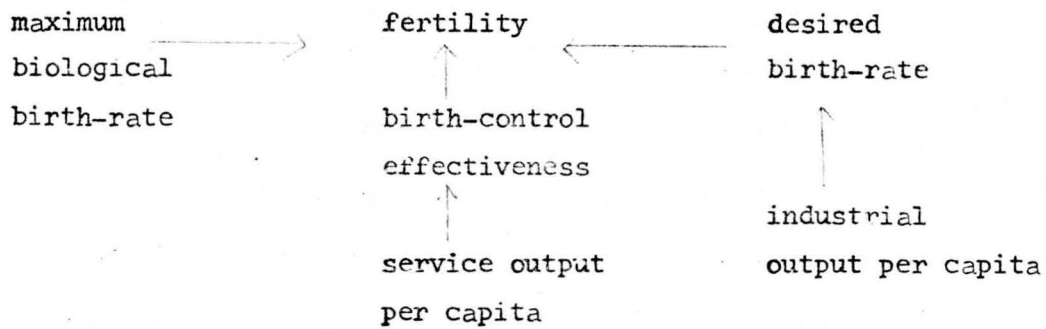
#### 1. Historical Development of Population - control

There are three major factors which influence the fertility of a population. These are the maximum biological birth-rate, which is the rate at which women would have children if they practiced no form of birth-control during their reproductive life. The second factor is the desired birth-rate which is the rate that would result if the population practiced 'perfect' birth-control and only had planned and wanted children. Birth-control effectiveness measures the extent to which the population is able to achieve the desired birth-rate rather than the maximum biological one. Thus 'birth-control' is defined to include any method of controlling births, including contraception, abortion and sexual abstinence. If desired birth-rate is high, then fertility is also high and if birth-control effectiveness is low, then fertility is high.

It has been found that despite differences in religious, cultural or political factors, there is a relation between crude birth-rates and the Gross National Product, per capita of all populations in the world. As the G.N.P. rises, the birth-rate falls. Therefore a lower birthrate is associated with increasing industrialization. These changes usually occur after a long delay. It appears that the major effect of rising G.N.P. is on the desired birth-rate (Berelson, 1966). In an agrarian society the cost of additional children in a family is relatively low. No additional living space is added to house a new child, little education or medical care is available, clothing and food requirements are minimal. In addition, social benefits are poor and parents therefore depend on the child's support in old age. As the family income increases, children receive more than the basic requirements. They receive better housing, medical care and education becomes necessary. Thus in highly industrialized countries, the desired family size has become a direct function of income.

The relationship between these components is expressed as follows:

(Meadows, 1974):



This relationship reflects the historical development of human society and does not imply that industrialization is the only determinant of desired family size.

## 2. Population Control To-day

As has been mentioned in the introduction, there are two important factors which have caused a crisis in the population growth of the world to-day, namely that population growth increases exponentially and secondly that the infant mortality rate has decreased dramatically during the past fifty years.

Table 5  
Decrease in Infant Mortality  
rates per thousand (Pick, 1975)

	1935-39	1950-54	1965-69
More developed regions	106	57	27
Less developed regions	230	180	140

Organized attempts to limit population growth have been in the hands of voluntary family-planning groups in the past. Their main objective has been to provide birth-control information and facilities to married mothers with large families who desire to prevent more births. Voluntary family-planning groups have therefore limited themselves to a very small group of the total population and in terms of population control, to a group which already falls into the 'excess-fertility' category.

Their stated policy with respect to family-planning has always been that



individuals have the right to have as many children as they wish. They follow a long-term policy of changing the traditional large-family norm to a small-family norm by education and persuasion. Because of their individual educative basis, voluntary family-planning has not been able to make a large impact on accelerating birth-rates in developing countries.

During the past ten years, governments with specific demographic objectives have begun to organize large-scale birth-control programmes. These programmes begin by training medical and para-medical personnel and by wide-spread distribution of propaganda material focussed upon population and economic perspectives. A specific target is set to reduce the net annual population increase rate, from its actual figure to one that is as near as possible to the average net population increase rate for the world (2,1% per annum). These programmes have received financial assistance from American Foreign Aid.

In 1965 the American Government indicated that they would prefer to aid countries which were trying to introduce population control: (Ex-President L.B. Johnson, 1965) 'Let us act on the fact that \$5 invested in population control in developing countries is worth \$100 invested in economic growth.'

Table 6 indicates some of the countries which have introduced a governmental family planning policy and the decrease in the crude birth-rate which has been reported. It is significant to notice how few of the countries which fall into the so-called 'hunger belt',<sup>6)</sup> today, have introduced a population policy during the past 10 years.

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<sup>6</sup>The 'hunger belt' stretches from the Sahel across Ethiopia in Africa to North-East Asia including Bangladesh, Pakistan and India.



Table 6

Changes in the Crude Birth Rate (Dourlen-Rollier, 1969)

COUNTRY	1960	1972	% DECREASE
Hong Kong	36,0	19,4	46
Singapore	38,7	23,3	40
Taiwan	39,5	24,2	39
Costa Rica	47,4	31,6	33
Puerto Rico	32,3	25,6	21
Egypt	43,0	34,6	20
Jamaica	42,0	34,6	18
Chile	35,7	29,6	17
Tunisia	46,8	41,0	12
Algeria	48,2	46,0	5

#### 4. Methods of Population Control

Governments have used two methods to attempt to reduce birth-rates. The first is to greatly increase the availability of contraceptive facilities and the second is to use mass-media to persuade parents to have fewer children. With respect to the first, abortion, sterilization and the intra-uterine device have been the most efficient methods of checking birth-rates.

The dramatic decrease of the birth-rate in Japan is due to the legalization of abortion in 1948. At present it is mainly the industrial countries of Eastern Europe, Japan and Sweden which use abortion as a method of birth-control rather than the developing countries.

In Puerto Rico, India and parts of Africa female sterilization is gaining in popularity but it has not had a significant effect on population growth as it is generally performed on women who already have large families. Attempts are being made by governments in these countries to persuade couples to accept sterilization earlier than has been the custom in the past.

In India and China, male sterilization is strongly encouraged by the government, and in 1971, 3 000 000 vasectomies had been performed in India.

The large-scale introduction of intra-uterine devices in countries such as

Taiwan, Hong Kong and Singapore has been the reason for their success in reducing birth-rates during the past ten years. For example in Hong Kong, of the 23 031 new family planners in 1966, 53,48% had intra-uterine devices inserted.

The major advantage of these three methods of birth-control, abortion, sterilization and the intra-uterine device is that it does not require the routine vigilance of the individual man or woman demanded by every other birth-control method.

Most governments who have introduced birth-control programmes still follow a traditional family-planning policy by stating that parents have the right to decide how many children they want. A United Nations Declaration in 1966 stated that 'the opportunity to decide the number and spacing of children is a basic human right.' In August 1974, at the Population Conference in Bucharest, Romania, 135 governments met in order to discuss the population explosion. One of the principles adopted was that all countries 'Respect and ensure ...the right of persons to determine, in a free, informed and responsible manner, the number and spacing of children.' This policy has been criticised by demographers who say that this makes population control ineffective (Davis, 1967). These critics say that as time is a vital factor in limiting population growth during the next few years, 'free-choice' in the matter of family-size is a luxury which no over-populated country can afford. Davis (1967) stated that 'There is no reason to expect that the millions of decisions about family-size made by couples in their own interest will automatically control population for the benefit of society.'

Alternatively, they suggest that some compulsory form of birth-control be introduced. The following proposals were made by the Council for Family Planning in India in 1967(Dourlen-Rollier, 1969):

1. Obligatory sterilization for couples having more than three children.
2. Partial remission of prison sentences if the prisoner is sterilized.
3. Increasing the minimum legal age for marriage for women from 16 to 21 years.
4. Contraceptive products to be distributed free of charge.
5. A payment of 150 rupees (R16) to all sterilized women.

#### 4. Population Control in South Africa.

The Hon. Dr. C. Mulder, M.P., Minister of Information at a Symposium on the population explosion in South and Southern Africa held in Pretoria from Oct. 13 - 15, 1971, made the following statement: 'I am strongly in favour of family planning for ALL the people of this country.' (Van Rensburg, 1972).

The Hon. Dr. S.W. van der Merwe, M.P., Minister of Health said in 1974 that 428 clinics were being directly administered and financed by the State and 1910 were being indirectly administered and subsidized in cities, towns and villages throughout the country. These clinics were in the main, open to all race groups and were employing 326 full-time and 364 part-time staff, exclusively engaged in Family Planning Services (Horrei, 1975).

Dr. Johan Rossouw (1975), head of Family Planning Services, Department of Health, in Pretoria made the following statements about family planning in South Africa:

'Firstly the government has family planning and not population control as its objective (therefore incentives and disincentives such as legalised abortion, housing benefits and raising the age of marriage would not be adopted.)

Instead, government family planning services would concentrate on providing family planning and contraceptive services.

In South Africa, posts for 400 field workers and 40 trained supervisors have been created. Using a diffusion method these workers are taught to educate only every ninth person or house, depending on the area. Quality rather than quantity is stressed thus improving the rate of acceptance by this method. Dr. Rossouw said that if each of these 400 field workers could recruit two new acceptors per day, this would bring 800 000 new acceptors to the family planning clinics per year, plus those motivated through word-of-mouth.

Dr. Rossouw emphasised that it is important that developing communities come to regard contraception primarily as a facility for their personal benefit, not a facility to manipulate their population.



### CHAPTER III

#### RESEARCH IN FAMILY PLANNING

##### 1. Introduction

There are a great many factors which affect fertility and in order to study them, it is useful to have a schematic classification of the mechanisms which directly affect fertility and through which all other factors must operate. A categorization of these mechanisms has been devised by Kingsley Davis and Judith Blake (1964). Their most basic concept is that the birth of a child involves three necessary steps:

(i) intercourse, (ii) conception and (iii) pregnancy which has been brought to successful term.

In order to analyse cultural influences on fertility, they have devised a list of 11 variables which directly affect fertility. These are called intermediate variables since any other variables which may affect fertility must act through one of these.

#### INTERMEDIATE VARIABLES AFFECTING FERTILITY

##### I FACTORS AFFECTING EXPOSURE TO INTERCOURSE (INTERCOURSE VARIABLES)

###### A. Factors governing the formation and dissolution of unions in the reproductive period.

1. Age of entry into sexual unions.
2. Permanent celibacy : proportion of women never entering sexual unions.
3. Amount of reproductive period spent after or between sexual unions.
  - a. When unions are broken by divorce, separation or desertion.
  - b. When unions are broken by death of husband.

###### B. Factors governing the exposure to intercourse within unions.

4. Voluntary abstinence.
5. Involuntary abstinence (impotence, illness, unavoidable separations).
6. Coital frequency (excluding periods of abstinence).

##### II FACTORS AFFECTING EXPOSURE TO CONCEPTION

7. Fecundity or infecundity, as affected by involuntary causes.

8. Use or non-use of contraception
  - a. By chemical and mechanical means,
  - b. By other means.
9. Fecundity or infecundity, as affected by voluntary causes  
(sterilization, subincision, medical treatment).

### III FACTORS AFFECTING GESTATION AND SUCCESSFUL PARTURITION

10. Foetal mortality from involuntary causes.
11. Foetal mortality from voluntary causes.

Using this framework, it is clear that any cultural factor that affects fertility can be classified under one or another of these eleven intermediate variables and it provides a useful framework for empirical research on the factors which predominantly affect the fertility of a particular group or society. The authors of this framework further state that a striking feature of underdeveloped areas is that nearly all of them exhibit a much higher fertility than do urban-industrial societies. In terms of their framework, they discern a systematic difference between underdeveloped and developed societies. Industrial societies have achieved their lower reproduction, not by acquiring low fertility-values for all the intermediate variables, but have singled out particular ones as the means to that result. The means of reducing fertility chosen were those which involved the least institutional organization and which involved the least human cost. The authors state for example, that industrial societies relied more heavily on the postponement of marriage than on non-marriage, and relied less on abstinence, and more on contraception and abortion to achieve a lowered fertility rate.

#### 2. Research in Family Planning

Investigators concerned with family planning have found that there is a large discrepancy between the proportions of people who state their willingness to practice contraception and those who actually do so when it is offered to them (Wolfers, 1970). Sample surveys conducted in different societies have indicated a strong demand (70% to 80% amongst women) for the facilities for controlling fertility and have also indicated that most couples want relatively small

families (3 - 4 children): The intervening variables involved in this discrepancy have been increasingly studied by sociologists and psychologists.

Investigators have found that a number of similar factors are involved in the attitude of people who wish to limit their families and are unsuccessful in doing so. This group falls largely into the lower socio-economic sector of society (Stycos, 1968).

Some of these factors are:

Ignorance: Ignorance with respect to both the physiology of conception and contraception is wide-spread. Couples very often have distorted and vague ideas as to how conception occurs, and how specific contraceptives prevent conception. This means that even if they wish to have less children, many of these people do not know how to do so.

Ambivalence: Researchers have found that people are ambivalent in their attitudes towards birth-control. An ambivalent person is one who tries simultaneously to hold attitudes that favour family planning and attitudes that reject it. Because his attitudes are contradictory, he does not act. Findings have shown that many couples who do not manage to sustain the routine behaviour necessary for birth-control are passive towards what they see as the externally operating forces of fate and chance. They believe that their own actions are only part of a pattern by which what actually happens is determined.

For these people, one can only hope for less children, but one does not have any active role in influencing what actually happens. For them, having children is a 'natural' process, and any intervention in this process is 'artificial'. For this reason, they dislike the mechanical-chemical aspects of birth-control and if they are unsuccessful with a particular method, they usually blame the method (De Wet, 1968; Rainwater, 1960; Roux, 1968).

Late Motivation for Controlling Family-Size: Analysis of the records of most birth-control clinics, also in South Africa, reveal that the average woman seeks family-planning assistance only after she has had several children. However, contraceptive activity at this stage tends to be inefficient because of lack of experience and its impact on fertility is relatively minor.

In conclusion, either one or another or a combination of ignorance, ambivalence



and late motivation tend to lower the effectiveness of birth-control methods as a solution for controlling population growth.

### 3. Suggestions for Improving Family-Planning

In view of these findings, investigators have made proposals for improving the effectivity of birth-control. Most investigators agree that family-planning programmes should be government-sponsored, rather than private as private organisations lack the economic and human resources to make a major impact on the birth-rate.

It has been stressed that reliable information about contraception and conception is a vital starting point in improving the effectiveness of birth control. Taboos on discussing sex has prevented reliable information from being spread. Investigators therefore have proposed that more resources should be put into non-clinical means of education. Experimental programmes in Puerto Rico and Jamaica have shown that pamphlets are as effective as personal visits in getting people to adopt birth-control (Stycos, 1963).

A further suggestion is that contraceptive distribution should be increased. A criticism of family planning clinics in the West Indies has been that although three-quarters of the children are born to out-of-wedlock couples, unmarried mothers are discouraged from attending clinics (Stycos, 1962). The same criticism used to apply to the clinics in South Africa until 1974. Although many of the couples in the Coloured community live together in consensual union, their unmarried status meant that they were not allowed to receive contraceptives from the clinics (De Wet, 1968). This has recently been altered and unmarried women are entitled to receive contraceptives.

A criticism of present birth-control programmes is that they are exclusively orientated towards women and it has been suggested that at least as much attention should be given to males as to females. Men in most societies are more literate than women which makes them more accessible to new ideas and to changing attitudes (Bogue, 1962).

The possibility of family planning education at school has also been proposed, but to be effective, it would have to take place in primary schools because too few

children attend higher standards for a campaign to have worthwhile results (Wolfers, 1970).

Suggestions for giving tax benefits or financial incentives to parents who have small families are imposing penalties on those who have large ones, have also been made. China has recently introduced a system of economic sanctions as a further method of reducing births (Wolfers, 1970).

#### 4. Previous Research in South Africa

There have been two unpublished M.A. theses relating specifically to the topic of birth-control amongst Cape Coloured women. The first was completed in 1968 by Blanche de Wet and was entitled 'Gesinsbeplanning by die Kleurling'. An interview questionnaire was used to question a sample of 100 women. The criteria for selecting the sample groups were that the respondent had been domiciled with her partner for not less than three years was still living with her first partner, and was between 18 - 35. The sample was further limited to a group living in sub-economic houses in Bishop Lavis, a suburb of Cape Town.

The findings from this survey were that 46% of the respondents interviewed, had already more than the average ideal number of children given by the group. It was found that the standard of education had a positive influence on the number of birth-control methods known by the group and that only 3% had some knowledge of birth-control before their first pregnancy. More than half the respondents had only acquired knowledge of birth-control after their fourth pregnancy. A further finding was that poor communication between husbands and wives, with respect to family planning, weakens their effective action. De Wet (1968) stated that, 'In the entire history of their married life, 34 of the wives reported that they had never discussed family-size with their partners.'

The second unpublished M.A. thesis written by Marianne Roux in 1968, is entitled 'Institutional patterns, attitudes knowledge and practices pertaining to sexual relations and birth-control amongst the Cape Coloureds.' The survey was conducted in the Somerset West area and was limited to 100 women, under 45 years of age and domiciled with a partner for not less than two years. A further criterion for inclusion was that the respondents had received instruction in the



use of contraceptive devices at a family planning clinic.

The findings can be summarised as follows: There was a discrepancy noted between the respondents desired form of marital ties and the reality of their situation. Despite the high value attached to marriage, many women only married at a relatively late stage in the woman's childbearing years. One of the reasons for delaying marriage was that the parents wanted to retain the earnings of their children as long as possible. In order to do this, many mothers withhold sexual information from their daughters because they believe that ignorance will prolong abstention from intercourse. However, 83 out of the 100 respondents interviewed became pregnant as a result of pre-marital intercourse.

It was further reported that respondents were generally in favour of birth-control. However, ignorance, a belief that methods are harmful to health, a lack of confidence in the effectiveness of the methods and male objections were factors which mitigated against the efficiency and regularity with which birth-control measures were applied.

A tendency towards a four child family was found amongst the group. However, positive motivation to plan births was lacking and only the negative motivation of already having too many children induced birth-control measures.

It was proposed that younger couples should be informed, with the object of initiating contraceptive practice at the family-planning stage, rather than when they have already reached the 'excess-fertility' group. It was noted that an important factor influencing fertility is the age at which the female begins her exposure to intercourse. A comparison of the age-specific birth-rates between Coloured women and White women showed that in their most fertile age period, (20 - 24) the fertility of the Coloured women shows a rate of over 30% higher than for White women in the same age category.

In an extensive study of fertility patterns within the Coloured community, W.P. Mostert (1971) has shown that the Coloured woman's attitude towards family-size is strongly influenced by the actual family-size. There seems to be an attempt to rationalize the actual number of children with the desired number of children. It can be noted, however, that women who have five or more children, stated that they would have liked to have had less children.

Table 7

Responses to the question whether the woman wanted to have more children according to her present number of children and age. (Mostert, 1971).

RESPONSES							
AGE	YES		NO		MAKES NO DIFFERENCE		N
	%		%		%		
15-24	54	1,49	35	2,49	10	2,35	223
25-34	30	2,18	60	4,37	10	3,60	707
35-44	11	3,13	80	5,57	9	3,73	563
35-44	27	2,12	64	4,78	10	3,45	1,493

An analysis of Table 7 shows clearly that the younger Coloured woman wishes to have a smaller family. Mostert (1971) finds that the Coloured have discovered the financial disadvantages of a large family and concludes that they appear to be sufficiently motivated to keeping their family-sizes small.

The major differences between White and Coloured women appear to be in terms of the timing and the rate of childbearing. White women postpone having their first child to a later average age, the time intervals between later births is greater and they stop having children at an earlier age. The Coloured woman, however, starts her childbearing at an earlier age, to be followed more rapidly with higher order births (Roux, 1968).

## CHAPTER IV

### DEMOGRAPHIC TRENDS IN THE COLOURED POPULATION

#### 1. Composition of the South African Population

Table 8

The composition of the South African population 1970<sup>7)</sup>

POPULATION GROUPS	NUMBER	PERCENTAGE
WHITES	3,751,328	17,4
COLOUREDS	2,018,453	9,4
ASIATICS	620,436	2,9
BANTU	15,057,952	70,3

As can be seen from Table 8, the Coloureds constitute nearly 10% of the total population of the country. Relative to the total population, the Coloureds increased from 8,6% in 1904 to 9,87% in 1966 and decreased to 9,4% by 1970. The Whites decreased from 21,6% in 1904 to 19,02% in 1966 to 17,4% in 1970.

#### 2. Fertility

Table 9

The crude birth-rate for Whites and Coloureds according to urban and rural areas<sup>8)</sup>

		<u>1959 - 1961</u>	<u>1969 - 1971</u>
URBAN	WHITES	24,9	24,7
	COLOUREDS	42,5	35,5
RURAL	WHITES	23,6	16,4
	COLOUREDS	53,3	41,1

From Table 9 it can be seen that the decline in the crude birth-rate amongst

<sup>7</sup>South African Yearbook. 1974.

<sup>8</sup>South African Statistics. 1971, Report on Births No 07-01-01



Whites appears to be the result of a decline in rural births, for which the rate dropped by 30% between 1960 - 1970. (This decline could have been influenced partly by the increase of urbanization amongst the Whites. From 1960 - 1970, there was an increase of 3% in urban areas. It is particularly the younger people who move to the urban areas, leaving an older population in the rural areas).

For the Coloured people, both the number of births and the crude birth-rate have dropped since 1965. The crude birth-rate of approximately 45 per 1000 ruling until 1965 had dropped by 20% to 36 per 1000 during the six years prior to 1971. The decline took place mainly in the Cape Province while the rates for the urban areas of Natal, Transvaal and the O.F.S. tended to fall less.

Fertility rates for the Coloured people have always been considerably higher than for the Whites and the crude birth-rate is still 50% higher than the rate for the Whites. In 1971, the birth-rate for the Whites was 23,1 as opposed to 35,5 for the Coloureds.

According to the projections made by Sadie (1973) the Coloured population will number 6218 million by the year 2010, while the White population (excluding immigration) will number 6403 million people.

Table 10

Age specific fertility rates for White and Coloured women 1969 - 1971<sup>9)</sup>

AGE	-20 years	20 - 24	25 - 29	30-34
WHITES	41,1	187,4	206,3	117,3
COLOUREDS	87,9	257,0	252,4	200,0
AGE	35 - 39	40 - 44	45+	
WHITES	49,3	14,3	1,5	
COLOUREDS	139,3	68,1	19,2	

When the ratio of legitimate births to married females is considered, it can be seen that younger mothers have a higher age-specific birth-rate, approximately

<sup>9)</sup>South African Statistics : Report on Births 1964 - 1971  
Report No. 07-01-01 D1, D7.

one-half of White and Coloured, and one-third of Asian married women aged 15 - 19 years bear children in a given year (South African Statistics, 1971). This high rate can, at least partly, be ascribed to pressure being brought on young pregnant women to marry.

In the past, Coloured women started having children younger than White women, this was followed by a higher number of births than their White counterparts and they continued having children later.

In comparing the age-fertility rates of the past twenty years, Prof. J.L. Sadie (1970) states that:

'The level of fertility for Coloured people has remained near the maximum, the average woman giving birth to some 6,6 babies during her productive life. Some of the fluctuations in the age-specific fertility rates may be due to errors in age reporting and in the distribution of unregistered births among women in the various age-groups. Subject to this qualification the following tentative conclusions are permissible: The frequency of births among women younger than 20 has been clearly on the increase, concomitantly with ... rising rates of illegitimacy or extra-nuptial fertility; there is no definite trend in respect of women between the ages of 20 and 35; and there appears to be a decided downward trend in respect of women 35 years and older. In consequence, the average age of mothers at the birth of a child has declined by a small fraction from 29,2 in 1949 - 51 to 29,0 during 1960 - 65, and the average age of reproductivity accordingly terminated somewhat earlier.'

A similar tendency has been found by Dr. W.P. Mostert (1975) and figures 2 and 3 illustrate this tendency:

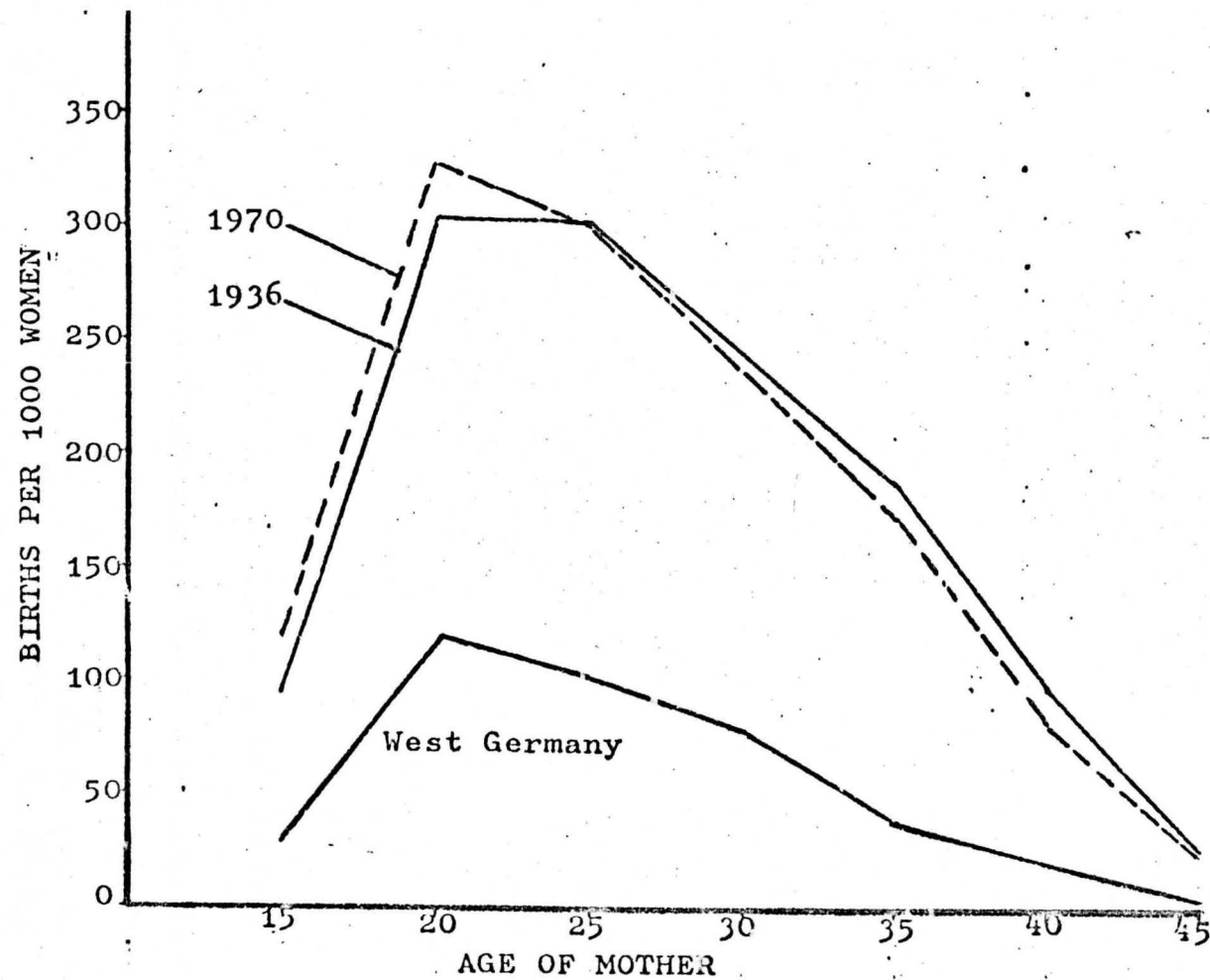


Figure 2. Coloureds : Changing patterns in age-specific fertility (Courtesy W.P. Mostert, 1975).

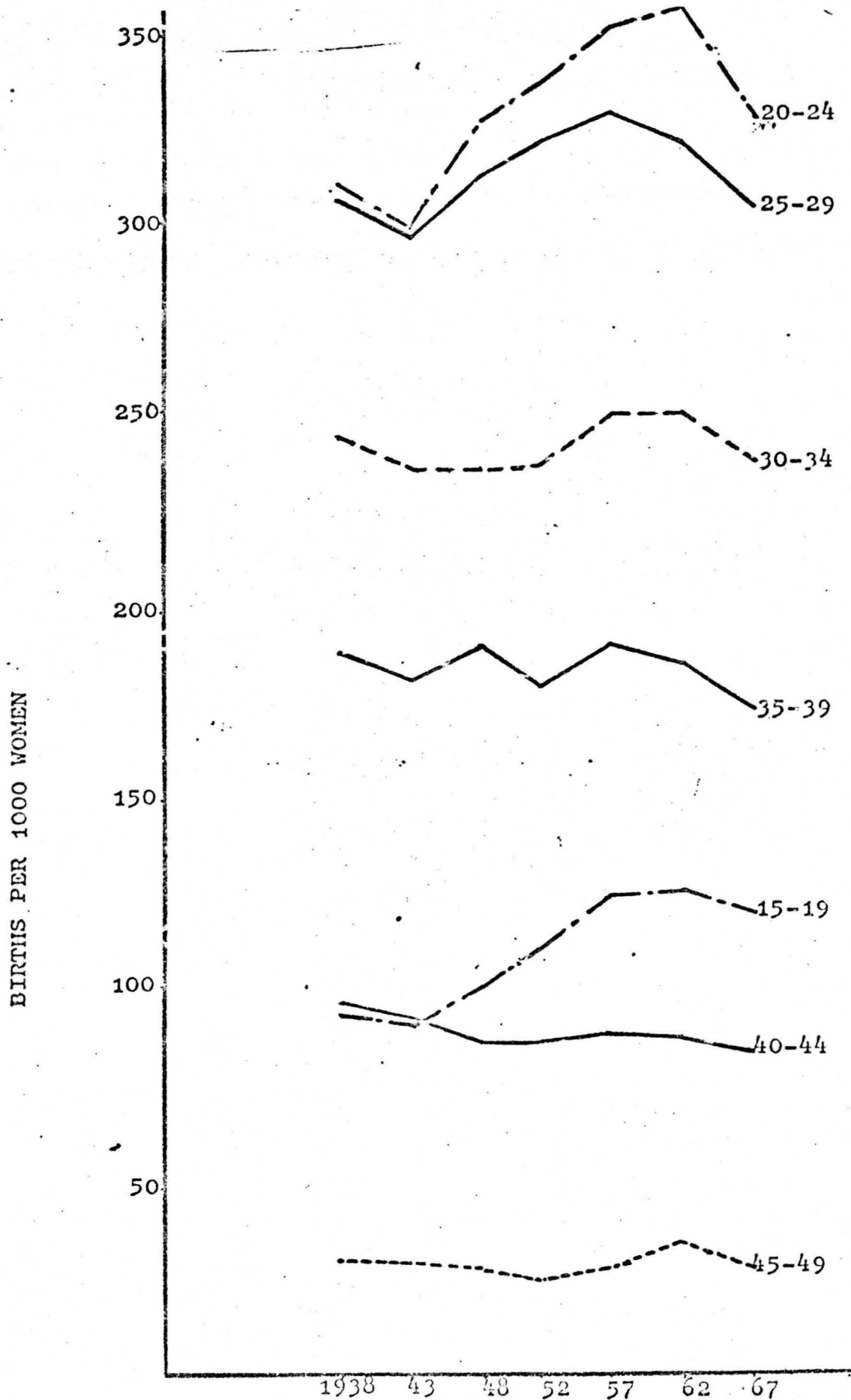


Figure 3. Coloureds : Age-specific birth rates (Courtesy W.P. Mostert, 1975).



Figure 2 indicates the trend towards an altered pattern in the rate and timing of child-bearing amongst the Coloured population group (Mostert, 1975).

Figure 3 further illustrates the changing pattern between 1938 - 1967. From this figure, the tendency towards higher-order births amongst the 15 - 19 age group can be noted (Mostert, 1975).

### 3. Family Size

The average size of a Coloured family has increased from 4,9 to 5,2 persons between 1960 and 1970. The average size for a White family has remained unchanged at 3,7 persons per family between 1960 - 1970. The average White family can be expected to decline still further by 1980 (South African Statistics, 1971).

Those families consisting of a father, mother and children constituted 68,2% of all White, 69,2% of all Coloured and 77,4% of all Asian families. Families which consisted of only a mother and child(ren) accounted for 6,1% White, 17,2% of Coloured and 11,1% of Asian families.

### 4. Mortality

The crude death rate for the three population groups, Coloured, White and Asian, has shown a decrease during the last four preceding years which can be ascribed to improved medical services, hygienic standards and nutrition.

Table 11  
Decrease in death rate<sup>10)</sup>

	<u>1910</u>	<u>1971</u> (per 1000)
WHITES	11	8,6
	<u>1938</u>	<u>1971</u>
COLOUREDS	23,6	13
ASIANS	14	6,9

<sup>10)</sup> S.A. Statistics : Report on Death 1968 - 1971 No. 07-03-03



The median age at death for the three groups is the following:

	<u>MEN</u>	<u>WOMEN</u>
WHITES	60	70
COLOURED	20	5
ASIANS	50	50

The most important factor contributing to the relatively higher death rate for the Coloured people is the very high rate of infant mortality. If infant mortality is excluded, i.e. the median age above one year is calculated, the median age at death is 50 years for both Coloured men and women (South African Statistics, 1974).

The infant mortality rate for all three population groups decreased from 1968 to 1971, especially for Coloured and Asian people. Whites decreased from 23,7 to 20,9 per 1000, Asians from 45 to 35 per 1000 and Coloureds from 132 to 122 per 1000. The infant mortality contributes to 5% of all White deaths, 30% of all Coloured deaths and 18% of all Asian deaths.

Most infant deaths amongst Whites (1969 - 1971) were neonatal, i.e. under 28 days of age and were the result of immaturity, congenital anomalies, birth injuries, and other conditions during birth.

The pattern for Coloured infants differs. About 70% of Coloured infant mortality occurred in the age-group 28 days to 1 year after birth and more than half was due to enteritis and pneumonia. However, there was a decrease of about 10% during 1969 - 1971 and it is expected to decline still further.

#### Still-births

These are not included in the infant mortality rates. Still-births occur at a rate of approximately one per 120 live-births in the case of Whites, one per 100 for Asians and one per 40 for Coloureds. The incidence of still-births is significantly higher, especially for Whites, when illegitimate births are examined.

#### 5. Illegitimacy

'The evolutionary shift which occurred in human society, from a dependence on biological patterns to a dependence on cultural patterns, from little or no community concern over who mated with whom, or over

the effectiveness of child care, to systems of marriages arranged by parents, is shrouded in the past. Man's greater dependance on his culture pressed him to establish rules of legitimacy i.e. regulations that define who has the right to procreate and rear a fully accepted member of society. Thus legitimacy and therefore illegitimacy - is a fundamental characteristic of the human family, shared by no other animal grouping.' (Goode, 1964a).

In certain societies, the principle of legitimacy is broken with such frequency that one would be entitled to question whether such a society actually accepts it as a value. However, the principle asserts only that every society has such a standard, not that everyone obeys it. The question which social scientists attempt to explain is how such a discrepancy develops between the ideal and actual behaviour.

For example, the pattern found in the New World, from the Southern United States to the tip of South America and including the Caribbean, shows a very high percentage of illegitimacy amongst the population. A few of these rates are given in Table 12.

Table 12

Illegitimacy rates in various countries (Goode, 1964b)

<u>COUNTRY</u>	<u>RATE</u>	<u>YEAR</u>
CHILE	16%	1958
MEXICO	22.5%	1956
COLOMBIA	28%	1957
VENEZUELA	57%	1955
GUATEMALA	70%	1957
PANAMA	71%	1956

Three explanations have been proposed by Goode (1964b) to account for this phenomenon. The first explanation is that a 'new subculture' has developed in the New World, in which the consensual union is the moral equivalent of a legal marriage, supported by the community as fully as a marriage, and giving the child exactly the same status as that of a child born to a legal union. However, wherever researchers have not only reported the behavioural fact of illegitimacy, but have attempted to probe into values and attitudes, (i.e. their ideals, aspirations and evaluations) as shown by both word and deeds, it appears that mother and child have a lower status outside the legal union, that women prefer



to be married and that children may push their parents to marry legally. Even where illegitimacy rates are high, a majority of people eventually do marry. Clearly, people would not do so, if it were true that a consensual union was as highly valued as a legal union.

A second explanation offered is that the European conquest of the New World was not merely political and military, but that it was also a social and cultural conquest. Although the inhabitants of Latin - American countries derived physical characteristics from their indigenous ancestors, their cultural patterns are Western, not Indian, or African. These descendants occupied the bottom social strata in these countries although some individuals have moved to higher social positions.

Thus, after the period of conquest, the indigenous population could not adequately socialize their young to believe strongly in their own traditional values, since the political, economic and other social forces were imposed and maintained by the conquerors. Consequently, for many generations, the majority of these populations lived in cultures that were not internally integrated, and also not fully integrated with the dominant culture of the rulers.

The thesis is that it is the community, not the individual or the family, that can maintain conformity to the norm of legitimacy, by giving and withholding prestige and honour. The individual can risk illegitimacy or not, but there is little loss of honour if the community grants almost as much respect for marriage as for non-marriage. High conformity to a norm depends on both the community commitment to the value itself, and to the strength of its social controls.

The third explanation suggested by Goode (1964b) is that with an extended family system (several generations living under one roof) responsibilities of child-rearing are shared amongst the adults, the presence of the father is not absolutely required as there are other males who take over these responsibilities. In societies undergoing rapid industrialisation, housing is at a premium and it is difficult for a young couple to set up an independent nuclear family unit. The couple are not economically viable enough to establish themselves as a separate unit and therefore they establish a consensual union, remaining within the family group and there is no immediate purpose in marriage therefore.



In South Africa, a further explanation is also offered to explain the phenomenon of illegitimacy amongst the population. This states that men value highly the continuation of their lineage and therefore wish to establish, prior to marriage, whether a prospective wife is barren or fertile. This is the practice of a 'pre-child' ('voorkind') whereby a woman proves her fertility before marriage by producing a child.

In 1971 the number of illegitimate births registered for young Coloured mothers between the ages 15 - 19 was 8056, and between the ages 20 - 24, 13857. The total live births registered during that year was 9920 for mothers between 15 - 19 and 23833 between the ages of 20 - 24 (South African Statistics, 1974).

Table 13

Illegitimate birth-rate for the total white  
and Coloured population (South African Statistics, 1974).

YEAR	WHITE	COLOURED
1940	22,0	360,4
1950	16,4	351,8
1960	18,8	362,5
1970	29,6	430,9
1971	29,4	432,7

In 1972 the percentage of births registered as illegitimate was 3% for the Whites, while for the Coloureds, it was 45% in the Cape and O.F.S. and 30% in Natal and Transvaal. These rates have been relatively constant since 1965, prior to which they were at lower levels. During the same year, the percentage of births registered as illegitimate at the maximum child-bearing age group 25 - 29 was 20% for the Coloureds, 2% for the Whites and 6% for the Asians.

It is therefore apparent that there is a strong tendency for young Coloured women to be unmarried when they have their first children. The increase of the illegitimacy rate from 1940 to 1971 can be explained in terms of the general tendency for women to start having children at a younger age.

## 6. Education

The Coloured population is largely concentrated in the lower age groups. This pattern in the age distribution is likely to continue, as there is a tendency for women to have their children at an increasingly younger age. Cilliers (1971b) stated that 'the Coloured population is in fact only now moving towards the explosive phase in the demographic cycle, so that we may expect it to remain a relatively young population for the foreseeable future. This implies a high dependency ratio and rapid increases in the numbers of children.'

The significance of these increases for the future are manifold. Firstly, there are an increased number of dependants who have to be maintained (the dependency ratio). This places a strain on income resources and the adult population has to spend a disproportionate share of their income on supporting their dependants. This hampers economic growth. It also means that many school-going children are forced to leave school at an early age to be self-supporting and also help out financially at home. As a result, a number of young girls, forced to leave school and start working at an early age, are exposed to premarital affairs often resulting in pregnancy and more mouths to feed.

Secondly, the significance of these increases for the future education of the Coloured population is that the demand for educational facilities will expand at a very high rate in the future. Predictions indicate that the number of children below the age of 15, will increase from 826 430 in 1965 to 1 624 520 in 1985. Thus in the short span of 20 years, the numbers will virtually double (Horrel, 1970).

Table 14

Education for Coloured school pupils (Horrel, 1970).

YEAR	TOTAL NUMBERS ENROLLED
1960	304830
1965	375587
1968	450871
1969	490442
1970	516760

In 1970, 87% of school pupils were in the Cape, 4% in Natal, 7% in the Transvaal and 2% in the Free State (Horrel, 1970).

Table 15  
Percentage distribution of pupils (Horrel, 1970)

STANDARD	1965	1968	1969	1970
Sub-Std A	21.02	20.17	19.57	19.34
Sub-Std B	17.72	16.51	16.12	16.24
Std I	15.14	14.89	14.70	14.38
Std II	12.49	13.13	12.66	12.24
Std III	10.28	10.87	10.90	10.93
Std IV	8.10	8.27	8.78	8.91
Std V	6.02	6.18	6.46	6.82
TOTAL PRIMARY	90.77	90.02	89.19	88.86
Std VI	4.32	4.70	4.98	5.10
Std VII	2.45	2.63	2.95	2.99
Std VIII	1.54	1.60	1.76	1.91
Std IX	0.53	0.69	0.72	0.76
Std X	0.39	0.36	0.40	0.38
TOTAL SECONDARY	9.23	9.98	10.81	11.14

Between 1960 and 1970, the total number of pupils increased by 70% and the number in the secondary classes increased by 102% (Horrel, 1970).

The percentage of Coloured pupils in secondary classes is still considerably lower than for Whites and Indians. In 1964, 33,80% of all White pupils were in high schools. In 1968, 23,0% of all Indian pupils and 9.98% of all Coloured pupils were in high schools (Horrel, 1970).

As from the beginning of 1968, it became compulsory for Coloured children, (irrespective of age or standard attained), who lived within three miles of a school, and who had enrolled at the beginning of the year, to go on attending regularly until the end of that year. The only exemptions granted were for families in poor economic situations who required the children to earn a living.



This ruling has considerably reduced the drop-out rate during a school year. In 1967 the decrease in enrolment averaged 6,3% in primary classes and 10,4% in secondary classes while in 1968 the percentage drop-outs were reduced to 1,5% in primary classes and 2,6% in secondary classes (Horrel, 1970).

The problem of school accommodation is most serious in the fast developing areas around Cape Town. In order to accept as many pupils as possible of the six year old applicants, double sessions are increasingly being introduced. In 1970 the double sessions were mainly in Sub-Std A and Sub-Std B.

## CHAPTER V

### DESIGN OF THE PRESENT STUDY

#### 1. Aim of the Present Study

The aim of the present study was to obtain some information on the reproductive behaviour of a group of Coloured women between the age of fifteen and twenty. An attempt has been made to describe their knowledge concerning sexual behaviour, their attitudes towards children and marriage in general and their knowledge and attitudes concerning birth control practices. In addition, an attempt was made to outline the rapport which they had with their mothers with respect to sexual information and also their ability to cope with motherhood themselves.

The study was exploratory in intent, limited to a certain section of the population and was not aimed at describing fertility patterns for the population as a whole. In addition, the study was not aimed towards any action programme but was a preliminary enquiry into a certain section of the population.

#### 2. Procedure and Technique of the Study

In order to meet the demands of a preliminary enquiry of this kind, the most suitable instrument is the semi-structured interview questionnaire. This technique allows for a certain degree of spontaneity on the part of the respondents, while at the same time permitting a relatively high degree of comparability between one interview and another (Sellditz, Jahoda, Deutsch and Cook, 1952).

A pilot study of forty interviews was conducted during October - November 1973. The purpose of this study was to test the suitability of the questionnaire on the respondents. On the basis of the information obtained from this preliminary survey, the final questionnaire was devised.

#### 3. Choice of the Respondents

As there is a high illegitimacy rate amongst Coloured women and as there is an increasing fertility rate amongst younger women for all population groups it was decided to select a sample of young Coloured women who were known to be sexually

active. A representative sample was therefore not required for the present study but rather a sample which included women who had experienced one or more pregnancies. It was decided to limit the total number of respondents to a hundred women, in order to perform a simple quantitative analysis of the data and at the same time to obtain a wide range of responses for each individual case.

The respondents were chosen from the maternity section of the Tygerberg Hospital, a hospital which serves patients from the Cape Flats area of Cape Town. These patients are therefore predominantly representative of an urban area. The sample consisted of patients admitted to the hospital for a confinement during the period from June to November, 1974. Interviews were conducted on Monday, Wednesday and Friday. It was found that there were up to three persons of the right age available for interviewing on any particular day; all of them agreed to the interview and were included in the study.

#### 4. Limitations of the Sample

It was decided to limit the sample to Coloured women between the age of fifteen and twenty. There was no distinction made between women who were co-habiting with a partner and women who were not co-habiting with a partner. As the sample was drawn from women who had recently had a confinement, the sample does not include sexually active women who have not fallen pregnant. In addition, not all women have their confinements in a hospital and therefore women in this age-group who did not attend the hospital for their first or subsequent births, were not included in the sample. The general practice is for women to attend a hospital for their first confinement and if it was a normal birth, subsequent confinements occur at home with a mid-wife in attendance.

It was decided to make no distinction between women who had had a live birth and women whose confinement had either been a still birth or whose infant had died shortly after birth. Of the hundred respondents interviewed, fourteen had had a confinement which had been either a still birth or the baby had died shortly after birth. It must be noted that as the interviews were conducted shortly after a confinement, the responses of the women interviewed might have been influenced by this event.



## 5. The Interview Questionnaire

The interview questionnaire was divided into five sections (see Appendix A). The first section was aimed at obtaining information about the socio-economic background of the respondents studied. This section included age and fertility, marital status, employment and occupation, educational level and housing.

The second section of the questionnaire aimed at obtaining some information on the sexual knowledge and sexual activity of the respondents. This was divided into three parts relating to sexual frequency, knowledge about sex and sex education.

The third section concerned the respondents' attitudes towards marriage and family planning. Questions included attitudes towards marriage, children, family-size and communication between partners concerning family size.

The fourth section dealt with knowledge of contraceptive techniques, attitudes towards birth control and actual contraceptive practice.

The final section attempted to gain some information on the respondents' attitudes towards motherhood and their attitudes towards their newly born infants.

Some of the questions in the questionnaire were open-ended. This was to enable the respondent to use her own frame of reference. These responses were later divided into different categories.

## 6. Interviewing Procedure

The respondents' names were selected from the hospital records and the respondent was then approached and asked if she would be willing to be interviewed. It was explained that there would be no record of her identity on the questionnaire and that all information given would be treated as confidential. The interview was conducted in a private room, made available at the hospital. The entire interview and discussion was conducted in Afrikaans, the mother tongue of the respondents. Before proceeding with the questionnaire, the interviewer attempted to establish a certain rapport with the respondent and in the majority of persons interviewed, there was little difficulty experienced in obtaining satisfactory responses. It must be noted that as some of the respondents might have wished to please, their replies might have been influenced by this desire. The interview lasted for approximately one hour.

## 7. Recording and Analysis of Responses

Immediately after an interview, the questionnaire was completed and impressions gained during the interview were recorded. The questionnaires were then coded and punched onto computer cards.

CHAPTER VICHARACTERISTICS OF THE RESPONDENTS STUDIEDINTRODUCTION

This section gives the main socio-economic characteristics of the sample group studied. These include age and fertility, marital status, employment and occupation, income, educational level, housing and sleeping arrangements.

1. Socio-Economic BackgroundAGE

The ages of the respondents ranged from 15 to 20.

Table 16

Age of Respondent

AGE	NUMBER
15	1
16	14
17	17
18	16
19	32
20	20
	100

The average age of the group was 18,24 ( $s=1,37$ )

FERTILITY

The entire group had experienced a total number of 126 pregnancies which is an average of 1,26 per person. Out of these 126 pregnancies, there was a total of 104 children who were alive. Only one respondent had had two miscarriages, and another one reported having had one. Nine of the respondents had had one stillbirth and one respondent reported having had three. Four children were reported as having died



after birth.

Table 17

Age of partner

PARTNER'S AGE	NUMBER
15 - 19	18
20 - 24	56
25 - 29	10
30 - 34	4
Don't know	12

The average age of the respondent's partners was 21,71

#### MARITAL STATUS

As has been stated previously (see Chapter IV) a large percentage of young Coloured women are unmarried when they have their first children, and pre-marital relationships are widespread.

Table 18

Median age of marriage 1966 - 1972 (Age for spinsters) (S.A. Statistics, 1972).

YEAR	WHITES	COLOUREDS
1966	21,2	23,4
1967	21,2	23,3
1968	21,3	23,2
1969	21,4	23,4
1970	21,5	23,4
1971	21,4	23,5
1972	21,7	24,0

Out of the 100 girls in the present sample, only 14 were married. Some reported that they had been pregnant when they married and ten said that they were living with their partners when they became pregnant.

The average age at which the girls in the group had first experienced sexual

intercourse was 16,2 and 55% reported having first experienced sexual intercourse by their sixteenth birthday.

The respondents were questioned as to the nature of the union which they had with their partners prior to their pregnancy.

Table 19

Nature of union prior to pregnancy according  
to actual number of children

NUMBER of CHILDREN	MARRIED	LIVING TOGETHER	NOT LIVING +2 years	TOGETHER +1 year	BUT HAD KNOWN PARTNER FOR +3 mths	-3mths	1mth	N
0	1	3	2	3	2	1	0	12
1	7	5	20	23	15	2	3	75
2	5	1	2	1	1	0	0	10
3	1	1	1	0	0	0	0	3
TOTAL	14	10	25	27	18	3	3	100

As can be seen from Table 19, fifty-two of the girls who were not cohabitating stated that they had known their partners for more than one year before they had become pregnant and a further eighteen said that they had known their partners for longer than three months. Only six members of the sample had known their partners for less than three months prior to pregnancy.

From this information it can be inferred that although the majority of mothers in the sample were unmarried, their pregnancies were, in the majority of cases (75%) not the result of promiscuous or casual relationships, but rather the result of a more stable and enduring type of relationship. Most of the mothers were in fact planning to marry the fathers of their children. (This will be discussed in more detail in the section 'Attitudes to Marriage'). Only 24% of the sample had had children from an 'incidental' relationship i.e. they had known their partners for less than a year prior to their pregnancy.

EMPLOYMENT AND OCCUPATION

As might be anticipated, a large percentage of the respondents were economically active, 84% stating that they would continue to work after their confinements. The following were the occupations into which the sample was distributed.

Table 20

## Distribution of occupation

Clerical Work	3
Factory	46
Service	22
Shop Assistant	10
Cleaner	2
Farm Labourer	1
Unemployed	16
	<hr/>
	100

As can be seen from the table, the majority were either unskilled or semi-skilled workers.

The incomes of the respondents ranged from R2 to R20 and over per week. Approximately one third of the respondents employed stated that their weekly wage was below R10.

Forty-five per cent of the respondents were earning between R10 - R15 per week. The average earnings per week for the entire group was R9,80 ( $s=4,44$ ). Their cash earnings, when converted to a monthly basis, averaged R40.

It must be noted that 58% of the respondents were living with their family and their income must be seen as a supplement to the family's total income. Fifty of the 84 girls that were employed stated that they gave their entire weekly wage to their mothers, and that they were given pocket money for their personal expenditure every week. Only ten of the girls employed did not contribute any of their incomes to their parents.



EDUCATION LEVEL

Table 21

The educational level of respondents and partners

<u>EDUCATIONAL LEVEL</u>	<u>RESPONDENTS</u>	<u>PARTNERS</u>
Matriculation +	1	0
Secondary (Std 6 - 9)	25	28
Primary (Std 3 - 5)	54	22
Preparatory (Sub A - Std 2)	15	5
No school attendance	5	4
Don't know	0	41
Average	4,24	5,30

During the interviewing it was noticed that many of the respondents gave the Standard during which they dropped out of school, stating for example 'Ek het in Std II uitgegaan'. They did not therefore actually attain the standard which they claimed to have reached and therefore the level of attainment indicated in the table may not be entirely accurate. The same applies to their responses for their partners' educational level.

Although the average standard attained is one standard higher for the males, it is interesting to note that 41% of the respondents stated that they did not know what the educational level of their partners was. The impression gained during the interviews was that some of them did know, but because it was lower than theirs, they were unwilling to divulge it.

Nearly 75% of the respondents in this sample had only reached primary school level. These girls therefore start work at a very early age and are thus more exposed to premarital affairs which often result in pregnancy. ✓

With respect to the envisaged introduction of sex-education at secondary school level, young people who drop out of school during their primary school years will not have received any form of sex-education. Despite their participation in sexual relationships at an early age, they would most likely lack any systematic knowledge of birth-control. It is obvious, however, that these people who do not

reach secondary school level are most in need of sex education<sup>11)</sup>.

### HOUSING

The majority of the respondents (76%) were either unmarried or not living with their partners, and lived with their families. However, even if they were married or living with their partners, they still tended to be boarding with their families or relatives.

It is generally accepted that the major social problems among the Coloured people are related to their socio-economic position with particular relevance to poverty and housing (Cilliers, 1965, 1972, 1973; Thomas, 1975). Adequate housing is critical and an increasing backlog exacerbates the situation. The effects of this situation touch every aspect of the individual's life - education, absenteeism, alcoholism and general social mobility.

Table 22

People with whom respondent lives

OWN FAMILY	58
PARTNER'S FAMILY	16
RELATIVES	11
FRIENDS	7
ALONE	8

Most of the respondents were living in Elsies River, a suburb on the Cape Flats which has grown rapidly and to-day houses about 13% of the total Coloured population of the Cape Peninsula (Venter, 1974). This is a heterogenous area with privately owned houses and shanty dwellings found together. A Divisional Council research team found that of the 13000 housing units in Elsies River, more than 11000 were pondoks (Venter, 1974). However, a large redevelopment programme has been introduced. The average number of people per unit for all types of housing (including shanty houses) is seven, according to a survey done by University of Cape Town students (Venter, 1974).

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<sup>11)</sup> 'Cape Times', Saturday 23rd August, 1975. Dr. Johan Rossouw, head of the Department of Health's Family Planning Services, said at a symposium, held in Cape Town, that a course in family planning covering the sexual and physiological aspects as well as contraception, the sociological and psychological aspects of the problem could start at Standard Six and continue through to Matriculation.'

In the present study, the average number of people with whom the respondent was living was 6,12 ( $s=3,6$ ). Forty of them were living in a house with eight or more people and ten of these were sharing a house with 14 or more people.

Of the hundred girls interviewed, only 16 lived in a house with some-one who actually owned the house. The remainder were living with people who were either single tenants, sub-tenants or squatters.

The respondents were asked about their sleeping arrangements. Out of the hundred interviewed, only eight said that they slept alone in a room.

Out of the remaining 82, twenty-eight slept in their own bed. The remaining 54, of whom 24 were either married or living in consensual union, all shared a bed with either children or adults.



## CHAPTER VII

SEXUAL ACTIVITY AND KNOWLEDGE ABOUT SEXUAL MATTERSA. Frequency1. The First Experience of Sexual Intercourse

Table 23

Age at which respondent first had intercourse  
according to the actual number of children

NUMBER OF CHILDREN	AGE 12	13	14	15	16	17	18	19	20	Total
0					5	5	2			12
1	1	1	1	13	23	11	21	2	2	75
2			1	3	4	1	1			10
3					3					3
TOTAL	1	1	2	16	35	17	24	2	2	100
Cumulative Frequency	1	2	4	20	55	72	96	98	100	

From the above table it can be seen that all three of the girls who had three children and eight out of the ten girls who had two children, had their first experience of sexual intercourse by the age of sixteen. This tendency seems to support the statement that the younger a girl is when she begins her sexual life, the more children she is likely to have and that an important factor influencing fertility, therefore, is the age at which a woman first starts having intercourse. If this is postponed to a later age, she is likely to have less children.

The median age at which the respondents had their first experience of intercourse was 16,52 ( $S=1,36$ ). The respondents were asked if they thought it was also the first time for their partner. Approximately only 20% said that they thought it had also been the first time for their partners but the rest thought it was not.

The impression gained was that they did not want to think about it too closely and the replies were vague and inarticulate. In fact many appeared never to have considered it before.

Several other questions were asked about their first experience of sexual intercourse. For example, nearly all the respondents (82%) maintained that they had been having a steady relationship with the boy and only three of the respondents said that they had been assaulted and had not had a relationship with their first sexual partners.

The respondents were asked to describe the circumstances in which they first had intercourse. This was an open-ended question and the replies were generally vague as the respondents found it difficult to find the appropriate words. The responses were later grouped into the following categories with an example given which best typified the kind of response given.

Table 24

(Circumstances in which respondent first had sexual intercourse)

	EXAMPLE	NUMBER
SHARING LOVE	'Hy het gesê dat ek die liefde moet deel met hom.'	37
PROVING LOVE	'Hy het gesê dat ek moet bewys dat ek hom lief het.'	20
GOING STEADY	'Hy het gesê dat ons moet saam gesels.'	19
SAID NOTHING	'Hy't niks gesê nie, net by my ingekom.'	14
ASSAULTED	'Hy't net vir my vasgetrek, verkrag.'	6
WANTED A CHILD	'Ons wou n kind gehad het, om te kan trou.'	4
		<u>100</u>

From the responses, it can be noticed that the majority of the girls placed the initiative of their first sexual encounters firmly with their partners. They appear to have been passive, albeit willing partners, and to have been co-erced by their partners. For many of them, the relationship was a romantic one and the impression gained during further discussion at this point was that many of the respondents were pleased and flattered to have been the object of sexual desire of their partners. They obviously valued having a single special relationship with one

person, rather than being attractive to many different partners and having a variety of non-sexual relationships. There appeared to be an implicit acceptance on their part that a relationship which was to last with a particular male would have to be a sexual one and that this was part of the arrangement of 'going steady'.

When the respondents were asked whether they had told their mothers when they first had sexual intercourse, in an effort to ascertain whether this behaviour was accepted by their mothers or not, 87% said that they did not tell their mothers and 77% said that they thought that their mothers did suspect, although the matter was never mentioned or discussed.

Fifty-eight per cent of the respondents stated that after the first time they had sexual intercourse, they continued regularly to have intercourse. The remaining 35% said that they continued intermittently to have sexual intercourse while only 7% said that they discontinued for a while after their first sexual experience.

## 2. Sexual Intercourse Frequency

The respondents were asked how often as a general rule, they had intercourse with their partners. <sup>42%</sup> Forty-two per cent stated that they had intercourse only once a week. <sup>31%</sup> Twenty-one per cent said that they had intercourse less than once a week and <sup>31%</sup> thirty-seven per cent said that they had intercourse twice or more times per week. *1 time per week*  
*under as 1 time per week*

They were also asked whether they had intercourse more often during the week-end than during the week. It must be remembered that only 24% were actually co-habiting with their partners.

The following were the responses recorded in reply to this question:

Table 25

Time when intercourse generally occurred

	<u>Number</u>
Always during the week-end	58
Makes no difference	36
Never during the week-end	<u>6</u>
	100



A further question asked was where intercourse generally occurred.

Table 26

Place where intercourse generally occurred	Number
Parents home	34
Partners home	27
Friends house	4
Relatives house	2
Own room	14
Outside	19
	100

### 3. Reactions to Sexual Intercourse

More than three-quarters (79) of the girls stated that they enjoyed sex 'sometimes'. Only five said that they always enjoyed it, nine said 'mostly' and six stated that they never enjoyed it.

In order to obtain some information on the type of relationship which the respondents had with their partners, they were asked to select from the following reasons, which one approximated closest to the reason they would give for having a sexual relationship with their partner.

Table 27

Reasons for having a sexual relationship	
Wants to share love with partner	49
Partner would be angry if she refused	19
She feels she has to	6
Partner would go to somebody else if refused	16
Women have to submit to men	10
	100

From the responses recorded, it appears that half of the respondents have a romantic involvement with their partners which extends into a sexual involvement while the other half regard their sexual participation negatively and something

which they feel pressured into.

However, when they were asked whether they thought that in general, men and women enjoyed sex equally or whether they thought that either men enjoyed it more, or women enjoyed it more, 71% said that they thought that both sexes enjoyed it equally, 23% said men enjoyed it more and 6% did not have an opinion.

The respondents were asked whether they would like to have intercourse more often, less often or whether it was just right as it is. Sixty-eight per cent stated that it was just right, twenty-eight per cent said they would like it less often, two per cent said more often while two per cent did not know.

## B. Knowledge about Sexual Matters

### 1. Conception

All the respondents were asked how old they were when they first found out about the facts of life. Sixteen per cent had heard about conception by the time they were 14 years old and eighty-two per cent found out between the ages of 15 and 18. The remaining two per cent heard when they were 19 years old.

Nearly two-thirds of the girls (61) stated that they first learnt about conception from their girl-friends. A quarter (24) first obtained this information from their mothers (14) or a relative (10). A further ten said that they had first heard about conception from their boy-friends. The remaining five did not know or could not remember where they had first heard about the facts of life.

It is often thought that sex is talked about more simply and naturally in working-class homes and it is the middle-class parents who are reluctant to discuss sexual matters with their children. Findings tend to contradict this. Studies have shown that middle-class children tend to learn about conception before working-class children (Schofield, 1968). In this study, 70% of the respondents stated that their mothers had never discussed sexual matters with them. Of the remaining 30%, the majority stated that their mothers had warned them to be careful of boys but had never actually discussed intercourse or the consequences thereof with them.

It has been previously reported that many Coloured mothers believe that ignorance will prolong sexual abstention and so tend to withhold information from

their children for this reason (Roux, 1968).

It is also possible that mothers feel that it is necessary to warn their daughters before their first menstruation but that working-class mothers find it more difficult to put into words than middle-class mothers.

In order to ascertain what kind of knowledge the respondents had with respect to conception, they were asked to give a brief description of the biological aspect of reproduction. Of the 100 respondents, 40 stated that they did not know. On further probing, they insisted that they were not shy or unwilling to discuss it with the interviewer, but were genuinely ignorant. (In some instances they asked the interviewer to tell them).

A further 29 stated that the man and woman's 'waters must break together'. Further questioning revealed that this was not a vague or general statement about sperm and ova, but was a firmly held belief amongst nearly 30% of the respondents that conception could only occur if the partners reached a climax together.

The interviewer attempted to establish whether they had experienced an orgasm when they conceived. It appeared that in the majority of cases they did not know, but felt they must have, otherwise they could not have conceived. This appears therefore, to be a fairly widespread belief.

A further seven of the respondents stated that the women's period 'goes away' and then she can conceive. Further questioning showed that these respondents believed that conception is something which occurs after the absence of the menses.

It can therefore be concluded that 76% of the respondents had no biological information or erroneous information as to how conception occurs.

Out of the remaining 24 respondents, eleven said that 'something' from the man goes into the woman and makes her pregnant and a further twelve said that a 'seed' from the man goes inside the woman. Only one respondent mentioned that a 'seed' and an 'egg' joined together when a woman conceived a child.

It can be argued that it is not really necessary for a woman to know about the biology of reproduction as long as she realises she is at risk when she has intercourse.

The conclusion reached with respect to this sample was that the majority of women interviewed did not realize what a high risk of conception there was for them



when they had intercourse.

## 2. Menstruation

If a young girl does not yet have any knowledge of sexual matters, it is usually at the onset of puberty and menstruation that she is informed about the function and meaning of menstruation and conception.

As the respondents in the sample appeared to have very little accurate information about these facts, it is useful to analyse their descriptions of the advent of menstruation in their own lives and what information they were given at the time concerning it.

Out of the 100 interviewed, 66% said that they had no knowledge about menstruation prior to its actual occurrence during puberty.

Once they had menstruated, more than half of the respondents (65%) said they were given some explanation by their mothers as to what this meant. The remainder were informed either by a relative, girl-friend, teacher or employer.

Concerning what they were actually told, 60% said that nothing specific was actually explained to them, they were simply told that they were now a 'young lady' ('jong meisie'). By this was implied that they were no longer children and when asked, the respondents stated that they understood by this that 'they shouldn't play with boys anymore' or 'let boys see them'.

Eighteen of the respondents said that they were told to 'be careful' of boys and a further ten were told that they must stay away from boys while they were menstruating. Only seven said that they were told that they could conceive if they had intercourse.

## 3. Parental Advice about Sex

It has been shown that parents generally, are rarely the initiators of sex knowledge. Many mothers attempt to limit the sexual activities of their daughters as far as possible by withholding any kind of sex information from them in the hope that 'ignorance means innocence.' We tried to find out how far this worked out in practice. In fact, we found that 70% of the girls said that they had never at any time had any advice about sex from their parents.

The remaining 30% of the girls were questioned about the kind of advice they received from their mothers. The kind of advice which was given in nearly all instances was vague and unspecific and any biological, technical or physiological information was never given.

In some countries, including South Africa, sex education in the schools is not allowed because it is believed that parents are the proper people to instruct their children. Results suggest, however, that this is unlikely to work out very well.

#### 4. Parental Influence and Pre-Marital Sexual Relationships

A survey was conducted from 1873 interviews amongst a random sample of teenagers between the ages of 15 - 19 in the Greater London area (Schofield, 1968). Some of the discriminating features when the sexually experienced girls were compared with the other girls in the sample was that, in general, the experienced girls did not have less favourable backgrounds than the other girls, but that there was a difference in parental control. There was no difference in the number who came from broken homes, who moved homes more often, whose mothers were working, whose parents went to church, nor was the position in the family, or social class, a discriminating feature.

However, experienced girls more often reported poor relations with both mother and the father, and they were less likely to have received advice on sexual matters from their parents. In addition, the experienced girls (as with the experienced boys) did not tell their parents where they were going, did not have to be in at a certain time, and they spent more time outside of the home. In other words their home situation provided them with more opportunities and facilities for sexual activities.

This study did not research this aspect of home environment as thoroughly, but from some of the findings, it is indicated that this would be a useful topic for further investigation.

It was found, for example, that 88% of the respondents had never been obliged to stay at home and had been allowed out with boys whenever they wished and had been allowed to stay out as late as they wished. The remaining 12% said that their

freedom had been curtailed until the age of fifteen and after that they had been allowed to go out with boys whenever they wished.

### C. Sex Education

#### 1. Sex Education At School

There is no formal sex-education at schools in South Africa. Only one girl in the sample stated that she had received any information about sex from a teacher. As has been previously mentioned, (Chapter VI ) there is a possibility that this will be introduced in the near future. However, as has already been stated, if young people continue to leave school early, they will not receive the benefit thereof and it is strongly indicated that they are the group most in need of it.

In this study, the respondents were asked whether they would have liked to have been told about having children and birth-control. Ninety-one per cent replied in the affirmative. They were asked why they would have liked more information. Fifty-nine per cent said because then they would have been better able to cope with their situation than at present, 32% said that they would have liked it as then they would not have had a child so young. Of the remaining 9%, 5% said that they did not like to talk about these things and 4% said that one should first have a child before you 'take anything' (birth-control).

They were further asked whether they would rather receive sex-education from a man or from a woman. Sixty-six per cent said from a woman and 34% said from a man.

#### 2. Friends as a Source of Information

The girls in the sample were asked whether they had a close friendship with a particular woman. Only 54% said yes and 46% said no. Of the girls who said that they did not have a close friendship with a particular woman, many of them said that they did not have a very close relationship with anybody. A strong impression gained by the interviewer was that these girls were emotionally isolated and that it was actually through a sexual relationship with their partner that they derived some feeling of being valued or being close to some-one. This aspect would be interesting for closer research and discriminating features, for example, between sexually active and non-active young girls compared with respect to other emotional



friendships which they might have.

All the girls were asked whether they ever discussed sexual matters with a woman friend or with any other woman. Forty-eight per cent answered in the affirmative, 45% in the negative and 8% said 'sometimes'. Of the 48% who said they did discuss sex with a female, many said it was with an older sister to whom they went for information and advice and the ones who talked to their friends said that they did not get any information, but rather advice from their peer-group.

Therefore it would appear that friends are not a source of information on sexual matters for the majority of the respondents in this sample.

### 3. Communication with Partners about Sex

The respondents were further asked whether they ever discussed sex with their partners. Out of 100 asked, 54 said yes, 14 said sometimes and 32 said no. More of the respondents therefore discuss sexual matters with their partners than with either their female friends, relatives or parents. Many of the respondents said that the only information they had ever been given about having babies had come from their partners. It is important therefore to take cognisance of this fact, especially when it is remembered that it is usually the young working-class male who is regarded as being the most poorly informed about sex in the community (Schofield, 1968). (Girls are more likely to be told by their mothers about menstruation etc., whereas boys are not told anything).

## CHAPTER VIII

### ATTITUDES TOWARDS MARRIAGE

#### CHILDREN AND FAMILY - SIZE

##### 1. Attitudes to Marriage

As has been previously stated, pre-marital family relationships appear to be a common occurrence amongst the Coloured population, particularly amongst the working-class group. The pattern is for a sexual relationship to lead to cohabitation and in many cases, to be followed by a formal marriage.

On being asked about how they felt about both marriage and cohabitation, all hundred women said that marriage was preferable to cohabitation. Out of the hundred respondents 14 were already married and the remaining 86 were asked whether they had ever discussed marriage with their partners; 45 said they had, and 41 said no. Out of the 45 who had discussed marriage, 40 said that they were planning to get married, 13 during the following year, and 27 'sometime in the future'.

Many of the respondents said that they were not planning to marry soon as their mothers said they were still too young to marry (My ma sê ek is nog te jonk om te trou') or that they had not yet worked long enough for their mothers ('Ek het nog nie lank genoeg vir my ma gewerk nie'). This is a widespread phenomenon amongst working-class families namely that the younger members are expected to contribute financially to their parent's household once they become economically active. As was shown in the section on earnings (Chapter VI.) 50% of the girls gave their entire wages to their mother. It therefore seems that mothers tend to postpone the age of marriage of their daughters while they are still minors and that this is an obligation which is accepted by their children and one which they in turn expect from their children.

##### 2. Attitudes towards Children

Children have a high value amongst working-class groups. As has been mentioned previously, they provide a source of financial security for parents in their old age in societies where institutionalized social welfare and pension

services are not widespread. Although it has been suggested that industrialization and urbanization alters the economic value of many children as they become relatively more expensive to rear and lose their feelings of obligation towards their parents, all the respondents in the sample stated that children should look after their parents in their old age.

In a society where cohabitation is more frequent than marriage, children are seen as having a binding force between partners, which might not otherwise be the case. For the woman, it provides a sense of security in the future of the relationship, for instance, 88% of the respondents said that a couple could not have a satisfactory relationship without having children.

When asked about the status of a woman who has no children, 81% said that she was frowned on and criticised. The general feeling was that a woman ought to have children, and a woman was 'bad' if she did not have children.

A widely held belief is that a woman who has been promiscuous would not be able to have children. Therefore a childless woman is regarded as having been immoral in her youth, and her barrenness a proof of her past behaviour. Therefore a woman who chooses not to have children is quite unthinkable and regarded as unnatural and wicked.

Frequent comments such as 'Sy is uitgewerk omdat sy te veel rondgekuier het' and 'Sy kan nie kinders kry nie want sy het te veel rondgeslaap' indicate the prevalent attitude towards an infertile woman.

This attitude is closely linked to the resistance many young women have towards contraceptives, particularly when they have not yet had any children.

This is discussed more fully in the section on birth-control, (Chapter IX). They fear that contraceptives will affect their fertility and make them infertile.

Children are further valued in a society where material and social positions are not easily attainable. The respondents verbalized this in comments such as 'Al was ons arm, was ons altyd baie gelukkig met al die kinders in die huis.' However, this attitude appears to be changing. As people aspire to improve their social positions they come to realize that a small number of children can be better provided for and more easily educated, and have a better chance of improving themselves.



It is therefore important to examine the family-size attitudes which the girls in this sample have, as they are only now moving into their child-bearing years; the decisions which they now make concerning family size will greatly affect the future population as a whole.

### 3. Attitudes to Family Size

As the respondents in the sample were all below the age of 21, they were asked how many children their own mothers had had and whether this exercised any effect on the number of children which the respondent wished to have.

Table 28

Number of children borne by respondents' mothers.

Number of children	Frequency	Cumulative frequency
13+	20	20
11 - 12	14	34
9 - 10	24	58
7 - 8	19	77
5 - 6	11	88
3 - 4	9	97
1 - 2	<u>3</u>	100
	100	

Judging by the frequency distribution in the above table it is apparent that the sample consists predominantly of the offspring of mothers who allowed reproduction to continue unchecked. Thus only sub-fecundity and not contraception as such, was to a large extent the limiting factor in the family growth of the respondents' mothers. Fifty-eight per cent of the respondents mothers had had nine or more children, a very high number by any standard.

The respondents were asked whether they thought that their mothers had had too many children. Seventy-four per cent said they thought their mothers had too many children and 26% said that the family size was 'just right'. Not one respondent said that their mothers had had too few children.

The respondents were asked how many children were needed for a family to be considered large.

Table 29

Number of children required for a family to be considered large

Number of children needed	Frequency	Cumulative frequency
10+ and don't know	2	2
9	15	17
8	11	28
7	8	36
6	34	70
5	17	87
4	13	100
	100	

From the above table it can be seen that only 34% of the respondents regard seven or more children as a large family and 64% regard families of between four and six children as large. Thus, 88% of the respondents regarded their own families as large.

#### 4. Family-size Ideals and Family-size Preferences

The respondents were asked three questions with direct relevance to their family-size and preferences.

1. How many children do you regard as ideal?
2. How many children do you want to have?
3. How many children do you expect to have?

The first question was aimed at a more general attitude towards family-size, without any personal commitment from the respondent herself. The second question aimed at determining how many children the respondent herself would like, while the third question tried to answer whether the respondent considered that she had any control over the number of children she was going to have.

Table 30 gives the number of children considered ideal by the women in the sample, according to the actual number of children she already has.

Table 30

The number of children considered ideal by the respondent according to the actual number of children

Actual no. of children	<u>Ideal no. of children</u>				<u>Number</u>	
	2	3	4	5+	Don't Know	
3	0	0	1	2	0	3
2	2	3	4	0	1	10
1	21	26	16	8	4	75
0	1	5	4	1	1	12
Total ideal no. of children	24	35	26	9	6	100

From the above table it is noticeable that more than half the respondents (59) regard two to three children as ideal. More than three-quarters (85) regard four or less children as ideal. The average ideal family-size for this sample is 2,71 ( $s=06$ ) and is slightly lower than the 3,85 ideal size reported by Mostert (1971) for a sample of Coloured women between 15 - 24 years old. Mostert (1971) also showed that the desired, expected and ideal family-size is influenced by the actual number of children a woman has and increases in order to become congruent with her actual situation. The same tendency is indicated in Table 30. For example, three of the girls in the sample already had three children and they chose four or five or more as being the ideal family-size.

As seen from Table 31, replies to the second question (how many children do you want to have?) show a strong congruency between the number of children the respondents desire for themselves, and the number of children they consider ideal. The median number of children desired is 2,71 ( $s=91$ ) which is the same as the median number of children considered ideal, 2,71 ( $s=06$ ).



Table 31

Number of children desired by the respondents  
according to the actual number of children

Actual no. of children	<u>Number of children desired</u>						<u>N</u>
	1	2	3	4	5+	Don't know	
3	0	0	1	2	0	0	3
2	0	2	4	3	0	1	10
1	5	25	19	11	1	14	75
0	0	6	1	2	0	3	12
Total no. of children desired	5	33	25	18	1	18	100

From Table 30 it was shown that 85% of the respondents regard less than four children as ideal, and from Table 31 it can be seen that 81% of the women desire four or less children for themselves.

Table 32 reflects the number of children which the respondents expect to have, irrespective of their ideals or wishes.

Table 32

Number of children expected by the respondents  
according to the actual number of children

Actual no. of children	<u>Number of children expected</u>					As many as come	<u>N</u>
	2	3	4	5+	Don't know		
3	0	1	0	0	1	1	3
2	0	3	0	0	7	0	10
1	11	12	3	2	46	0	75
0	3	2	1	0	6	0	12
Total no. of children expected	14	18	4	2	60	2	100

The average number of children expected is 3,21. However, this is a poor indication of the actual number expected as 62% of the respondents did not know

how many children they would have. The difference between the attitude reflected in Table 32 and the Tables 30 and 31 where desired and ideal family size were recorded is interesting to compare. It reveals the ambivalence in attitude which many women have, where the number of children one desires, has no relation with the number of children one actually expects to have. This tendency reflects the 'fatalistic' attitude towards child-bearing found in many working-class societies, where women do not feel they have any active part to play in actually preventing the number of children they have.

This attitude towards the role of fate and the realization of family planning goals amongst working class couples is described by Lee Rainwater (1967) in the following passage:

'Fundamentally, such people are passive towards what they see as the externally operating forces of fate and chance. They believe that what they themselves do is only part of an over-all pattern of life by which what actually happens is determined. One is not a master of one's fate...

What will be will be... family-size is determined by the immanent force of nature or God, and one can hope and wish for three or four children, but one does not have any really active role in determining what actually happens ... For such people, sexual intercourse often seems to be a gamble - the result may or may not be children depending on what fate decrees ... Passive acceptance becomes a way of dealing with one's inadequacy and uncertainty.'

This is undoubtedly an important factor to consider in any family planning programme which attempts to motivate individuals to limiting their family-size.

##### 5. Communication with Partner Concerning Family-size

A further question was asked to the respondents in an attempt to discern attitudes towards family-size. The question was:

'Have you ever discussed the number of children you would like to have with your partner'?

If the answer was affirmative, the respondent was asked how many children he wanted. It must be noted that communication between working-class couples on the matter of family-size and planning is generally low and as this sample consists of

girls between 15 - 20, 75% of whom were not co-habiting with their partners, it could be expected to be very low. This was found to be the case, only 27% of the entire sample had ever discussed family-size with their partner.

Table 33

Discussion of family-size with partner according  
to actual number of children

Actual no. of children	Discussed	Not Discussed	N
3	3	0	3
2	7	3	10
1	15	60	75
0	2	10	12
Total number	27	73	100

It can be seen that 10 out of 27 respondents who had discussed family-size with their partners, already had two or more children. Out of the 27 respondents who had discussed family-size with their partners, six said that they did not know how many children their partners wanted. The remaining 21 stated that their partners wanted between two and four children.



## CHAPTER IX

### KNOWLEDGE, ATTITUDES AND PRACTICE WITH RESPECT TO BIRTH-CONTROL

#### 1. Introduction

It has been reported that in the recent past, family planning services have greatly increased in the greater Cape Town area (Sudgren, 1972). There is a total number of 39 clinics for this area at present and the number of attendances at these clinics has also been increasing. Family planning advice and free contraceptive techniques are available at all clinics and at hospitals and day hospitals throughout the Peninsula.

An analysis of the different age-groups attending clinics reveals that out of a total number of twenty, 386 individual Coloured women who attended a clinic in the municipality of Cape Town in 1972, only 7% of this number were between the ages of 15 - 19. It appears therefore that sexually active young girls do not use contraceptive techniques to a very large extent and it is generally only after they have had one or more children that they attempt to plan further births.

As was stated in Chapter III, investigators have found that although women wish to prevent unwanted pregnancies, there are a number of factors which prevent them from being successful. Some of these factors are ignorance, ambivalence and late motivation. In this chapter, an attempt will be made to examine how these factors influence the contraceptive practice of the particular sample studied.

#### 1. Knowledge about Contraception

As has been stated previously, (Chapter VII) young girls are relatively uninformed about sexual matters by their parents or at school. This lack of information includes knowledge about contraception and in the present sample, 77% of the respondents stated that they did not know about contraception prior to their first pregnancy.

A strong impression gained during the interviews and in discussion with the respondents was that pregnancy seems to provide the turning point in the development of these young girls from childhood to adulthood. Before her first pregnancy, she is

apparently treated as a child by her family and by the community. She is kept uninformed by both as to the sexual facts of adulthood and is unprepared for her future rôle as wife and mother. As has been stated before, her first sexual liaisons are generally secretive. When this relationship results in a pregnancy, her status is thereby altered and it is only then that she is informed for the first time about contraception. Thus 99% of the respondents in the sample stated that they had been informed about contraception during pregnancy or following their first confinement and as mentioned above, 77% learnt about it for the first time.

A further impression gained during discussion with the respondents was that they welcomed this opportunity to be treated as an adult rather than as a child and that they enjoyed the prestige which their pregnancy provided for them.

Rainwater, Coleman and Handel, (1959) make the following statements concerning their findings on studies conducted amongst a group of working class women in America:

'To impregnate and to become pregnant signify to the individual a kind of categorical maturity as adult human beings, the natural consequence of sexual intercourse fixes more permanently and obviously than can the private experience of love-making, the status of adulthood, of being grown-up ... Becoming pregnant represents a fulfilment of herself against which arguments cannot be brought, she categorically is a mother and therefore is not other things she fears she might have been - a person of no consequence, a bad person, or a person with no purpose ... Since these women (working-class) look to pregnancy as a kind of natural, completely absorbing experience that establishes for all the world to see their legitimacy as mature females, it is understandable that many working class women's first anxiety does not concern having too many children but having none at all.'

Whether the child itself is desired or not is another matter. It is here that the 'ambivalency' towards contraception presents itself. On the one hand, a young girl welcomes the new status which a pregnancy gives her, and on the other hand she does not 'want' or plan to have a child.

## 2. Knowledge about Specific Birth-control Techniques

As it is generally accepted that birth-control techniques are more efficacious



than birth-control methods<sup>12)</sup>, it was decided to record systematically only the respondents' knowledge concerning these techniques. However, they were questioned informally about birth-control methods, but of those who had heard, for example of the condom or withdrawal, the majority did not know what it entailed exactly and had never used it as a form of contraception.

Table 34

## Knowledge of specific birth-control techniques

<u>Technique</u>	<u>No. of women who knew specific techniques</u>
Pill	97
Injection	97
Loop	44
Sterilization	40

As the questionnaire was submitted to mothers following a confinement, 47% said that they had first heard about contraception at the hospital (following confinement) and 20% had been informed at the clinic during pregnancy.

Ten per cent said that they had been informed by their mothers or a relative (usually an older sister) during pregnancy. It must be noted that as the majority of the respondents' mothers do not appear to have practiced contraception (Chapter VIII), they are unlikely to have had much personal experience or knowledge concerning these matters and are therefore unlikely to be able to counsel their daughters effectively. It is also likely that many of these older women are suspicious and distrustful of mechanical or chemical contraceptive techniques and do therefore not encourage their daughters to adopt these techniques. Further questioning indicated the likelihood of this possibility as some of the girls stated that their mothers (if they spoke about contraception at all), were vague and uninformative. For example:

'Sy het gesê dat ek die 'nurse' by die kliniek moet vra om vir my iets te gee sodat ek nie weer gou kan staan nie.'

Older sisters appear to be more informative and helpful as they are usually

<sup>12</sup> A birth-control technique is a mechanico-chemical contraceptive with a high degree of efficacy such as the pill or the injection. A birth-control method is a preventative measure such as coitus interruptus, safe-period, etc., with a much lower degree of efficacy.



themselves employing some form of contraception and are therefore more explicit about it. This also applies to young women friends and 21% said that they had been told about contraception by a woman friend.

### 3. Attitudes Towards Birth-control

During the past few years, there has been an attempt to inform the public about birth-control and it has been found that women are generally favourable towards family planning. However, it has also been found that women are less responsive when it comes to actually using contraceptives and attitudes such as ignorance, supposed injuriousness to health, lack of confidence in a particular method and lack of sufficient motivation exert a negative influence on successful contraceptive behaviour. It is thus important to have some information about how sexually active youngsters view birth-control.

Each respondent was therefore asked whether, if she had known about birth-control prior to her pregnancy and if it had been freely available to her, she would have used it. Fifty percent of the respondents replied in the affirmative but it must be noted that this was a hypothetical question and does not accurately reflect what they would have done if they had been in the actual situation. Seventeen percent already had been using some form of contraception prior to their pregnancy. This leaves 33% who answered in the negative and stated that they would not have practiced contraception. When an analysis was made of these negative responses, 10% stated that they would not have used contraception as they wanted to have a child.

The remaining 23% had various objections to birth-control use such as that one must first have a child before one can use a contraceptive device. (It has previously been stated that having a child gives a young girl the status of an adult and it is considered that it is only then proper to use a birth-control technique). In addition there is a prevalent attitude that birth-control is harmful to fertility and therefore one must first have a child to prove that one is fertile. Another attitude is that it is only promiscuous women who practice birth-control and therefore to do so is morally wrong. For this reason, a number of the respondents stated that they would not have used contraception as it is

wrong or they would have been too scared. A further number stated that they would not have used a contraceptive as they did not think that there was a likelihood that they would conceive so soon. \*

Most of the young girls interviewed appeared to assume a passive rôle in their sexual relationship and therefore to set about employing contraception implies a certain active participation which many of them regard as improper. They regard sexual behaviour as an impulsive activity which arises spontaneously in a particular moment. Therefore to plan ahead for this event requires a certain acceptance of the situation as it is, which they are not prepared to recognise. Many of them, by virtue of the fact that the relationship is secret and furtive, and because they see themselves as 'being taken' or 'forced' would find it extremely difficult to actually foresee the situation and to plan accordingly as this implies a complicity in the act which they are not prepared to condone.

#### 4. Birth-control Practice

##### A. Previous Birth-control Practice:

As can be expected, with very little prior knowledge about birth-control and with ambivalent attitudes towards it, very few of the respondents could be expected to have practiced any form of birth-control. This was found to be the case and 83% of the respondents had never practiced any form of contraceptive behaviour prior to their pregnancy.

The 17 respondents who had previous experience of contraception were asked why they had ceased to use a birth-control technique. The following reasons were given: Four of the respondents said that they had stopped as they wanted to have a child, and two reported a failure with the pill. The remaining eleven had ceased contraception for a variety of reasons such as feeling sick, it was too far to go to the clinic to obtain contraceptives, they had left their place of work (where contraceptives had been available) or they had not wanted to leave their place of work to obtain contraception (during working hours).

## B. Future birth-control practice

The respondents were asked whether they would be using a form of contraception after their discharge from the hospital. It must be noted that at the hospital where the interviews were conducted, the patients are interviewed by a nurse who informs them of contraceptive techniques and these facilities are obtainable prior to their discharge from the hospital. Of these, seventy percent were receiving the injection and the remaining twenty-three percent had chosen the pill.

The seven respondents who were not going to use a birth-control technique stated either that they wanted another child (in some cases their confinements had been still-births) or that their partners did not want them to, or that they were no longer having intercourse.

The respondents who were adopting contraception were asked who had suggested to them that they use a birth-control technique and they gave the following sources:

Table 35

Persons who suggested birth-control

<u>Source</u>	<u>Number of respondents</u>
Hospital	54
Clinic	7
Mother	7
Relative	3
Partner	6
Girl Friend	2
Employer	2
Self	12
	<hr/> 93

## 4. Communication Between Partners about Birth-control

As the large majority of respondents in the sample did not have a consensual union or marriage tie with their partners and as most of them did not know about contraception prior to their pregnancies, it was expected that communication between partners on the subject of birth-control would be low and this was found



to be so. The respondents were asked whether their partners, as far as they knew, had any knowledge of contraception and whether they had ever discussed the subject with them. Seventy-seven per cent said that they did not know whether their partners knew about contraception as they had never mentioned the subject. The remaining 23% said that their partners were in favour of them using a contraceptive technique and had no objection, the remaining 2% said that their partners did not approve of contraception and were against them using a birth-control method. \*

In the past it has been found that men are generally opposed to their partners practicing birth-control and it would be useful to do further research into this area in order to ascertain whether there is a change in attitude amongst men in this respect, particularly amongst younger men.

CHAPTER XATTITUDES TOWARDS MOTHERHOOD1. Planned Parenthood

The desirability for children to be 'wanted' or 'planned' has often been stated in the literature on family planning. Neubardt (1967) states:

'I believe the basic obligation we have to a new human being is that it be wanted. We will never all be created equal, but we will be able to come closest to that ideal when we are all born wanted.'

Davey (1975) states:

'It's appalling and horrific that between 60 and 70 per cent, of the pregnancies diagnosed at Groote Schuur's ante-natal clinics are unwanted accidents.'

That is to say that children should be conceived, not as an incidental by-product of a sexual relationship, but should ideally be the outcome of a conscious decision, taken by two adults, prior to the sex act.

It is further asserted, that if this were so, there would be far fewer births and that the children born would be better appreciated and better cared for. Unfortunately, those who are least able to cope, generally are the ones who have unwanted children:

'Unwanted pregnancies (unwanted that is, at the time of conception) occur at every social level..... But the excessively large family, resulting from failure or more frequently, habitual non-use of contraception, is very largely confined to the lower socio-economic groups of all industrial societies. Differential fertility ..... has been a persisting feature of the vital statistics of both Britain and the U.S.A. - with the majority of the largest families occurring at precisely those socio-economic levels, where from the point of view of the parents, the existing children and the community, family limitation would be most desirable.' (Peel and Potts, 1969)

It frequently occurs that although a woman has not 'wanted' or 'planned' to have a child, there is a psychological adjustment during pregnancy and by the time the child is born, the mother states that she does want the child and welcomes its arrival. However, it is not infrequent that a woman, either because she already has too many children, or because her circumstances are extremely difficult, is

unable to accept the arrival of another child and continues to reject the child even after birth<sup>13</sup>).

The outcome of this rejection is grim. In some instances, children who lack affection, discipline and socially acceptable adult models, themselves become callous and uncaring, irresponsible and anti-social adults.

In other instances, these young people, searching for acceptance and affection, become sexually active at a very young age resulting very often in the birth of more children:

'There is one common feature of the very young mothers that I have seen and that is an extreme craving to be loved. They have all shown in a variety of ways that they felt deprived of love and attention somewhere within their immediate family. They have also shown a strong unconscious desire for motherhood as well as a more conscious need for sensual gratification. They hoped to satisfy their wish to feel needed, loved and good, not only in the arms of their boy friends, but also through their babies' needs and love of them, through the compassion and interest which they hoped their new motherhood would arouse, and through the reassurance that they would get from producing a healthy and good baby.' (Gough, 1971).

There appears therefore to be a cycle, beginning with a mother who has too many children and cannot adequately care for them. These children as a result, suffer from material and psychological deprivation. Unable to lead a satisfactory life, either emotionally or materially, and because of their need to be loved, they end up having children. If they find themselves unable to cope they, in turn, may reject these children.

As has been previously stated, the respondents in this sample were young mothers of whom 55% had had intercourse by the age of sixteen. Seventy-eight per cent of the group reported that they were pregnant within a year and 9% within less than two years. As has also been previously mentioned, 83% had never used a birth control technique before their pregnancy and 72% had not known about birth-control techniques before their pregnancy.

However, 98% said that they knew that it was possible to conceive as the

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<sup>13</sup> In a survey conducted at Tygerberg Hospital during 1973, out of 2000 women who had recently been confined, 11% stated that the child was wanted at the time of its birth (W.A. van Niekerk, personal communication).



result of intercourse but more than half stated that they 'did not think it would happen to them' or that 'it would happen so quickly'.

As was stated in the previous chapter, pregnancy has a certain value for these young girls:

'Young girls regard pregnancy as something which carries with it real prestige. Not only have they proved to themselves and others that they too are capable of giving life, which under their depressed conditions is an achievement of sorts, but they often manage to find themselves a permanent or semi-permanent man at the same time. Most of these young men are reasonably conscientious during the early stages once they know they are about to be fathers. It is after the babies are born that problems start and many abscond.' (Venter, 1974).

## 2. Attitudes Towards Pregnancy

The respondents were asked whether, prior to their pregnancies, they had wanted a child or planned to have one. Eighty-two per cent stated that they had wanted a child, 16% said that they did not mind and 2% said that they did not know. It can therefore be assumed that a large majority of the ensuing births were unwanted or unplanned at the time of conception.

The respondents were asked what they felt when they first knew that they were pregnant. Fifty-one per cent reported that they felt 'sorry for themselves' (Ek het jammer gevoel vir myself.) Nine per cent stated that they had felt afraid ('Ek was bang geweet want ek het nie geweet wat om te doen nie.') The remaining 40% stated that they had accepted it as they could do nothing about it. ('Wat help dit nou om sleg te voel daarvoor want wat kan ek nou maak.')

## 3. Attitudes of Respondents' Mother towards Pregnancy

The respondents were asked whether they had told their mothers when they first knew that they were pregnant. Sixty per cent said that they had told their mothers, either immediately or shortly after they had known. However, 38% said that their mothers had discovered it for themselves. (Of the remaining seven, five had no mother at the time, one said her boyfriend had told her mother and one said that she had not yet told her mother).

On being asked how their mothers had reacted on being told of the pregnancy,

55% stated that their mothers had either been angry or sad:

'Sy was baie vies met my dat dit gebeur het.'

'Sy was baie jammer dat dit gebeur het.'

Thirty-five per cent said that their mothers had accepted it:

'Sy het niks gesê nie want wat kon sy nou doen.'

The remaining 5% said that their mothers were pleased.

The acceptance on the part of the respondents and their mothers of the situation, illustrated the kind of attitude which Lee Rainwater (1967) describes as a 'fatalistic' outlook. He states that these individuals are passive toward what they see as the externally operating forces of fate and chance. They believe that their own actions are only a part of an over-all pattern of life by which what actually happens, is determined.

#### 4. Attitude towards Child during Pregnancy

The respondents were asked whether, once they knew that they were pregnant, they had wanted the particular child. Twelve of the girls stated that they did want the child and the remaining 88 said that they did not want the child although more than half stated that they had accepted it as there was no other choice.

#### 5. Attitude to Newlyborn Child

Out of the 100 girls who were interviewed, 14 had either had a confinement which was a still-birth, or the baby had died shortly after birth. The remaining 86 mothers were asked whether, now that the baby was born, they wanted it. Eighty-four said 'yes' they wanted it, although again, many of them added that they accepted it as they had no choice. The remaining two did not want their babies and were exploring the possibility of adoption or foster parents.

#### 6. Partners' Attitude towards Pregnancy

It is interesting to note, that although 82% of the respondents stated that they had not wanted a child prior to their pregnancy, when they were asked whether they thought that their partners had wanted a child prior to their pregnancy, 73% answered in the affirmative. Twenty per cent stated that their partners had not

wanted a child and 7% were uncertain or they did not know.

When asked whether, as far as they knew, their partners had wanted the particular child, once they knew that they were pregnant, 79% said 'yes', their partners had wanted the particular child, 10% said 'no' and 11% were uncertain or did not know.

The respondents were asked what their partner's reaction had been when he first heard that they were pregnant. Seventy-seven per cent said that he was pleased, 18% said that he was either annoyed, angry or indifferent and 4% did not know.

#### 7. Care of the Newly Born Child

As the majority of the respondents were unmarried and as 80% had stated that they would continue to work after their discharge from the hospital, they were asked whether they wanted to care for the child themselves. (This question was asked to the 86 respondents whose children were alive.) Eighty-three per cent stated that they wanted to care for the child themselves and 17% said that they did not. They were further asked who in actual fact, would be looking after the child, and the following replies were recorded:

Table 36

Person looking after the newly born child

<u>Person looking after child</u>	<u>Number</u>
Self	20
Self with Mother	14
Mother	29
Family Relative	11
Partner's Mother	7
Woman Friend	3
Did Not Know	2
	<hr/> 86

The 86 mothers were further asked whether, as far as they knew, their partners were going to contribute financially to the support of the child. Sixty-seven replied in the affirmative, the remaining 19 said either that they did not know or that he was not going to contribute to the support of the child.



The mothers were asked whether they had thought at all about a name for their child. It was made clear that the question was not whether they had chosen a name, but whether they had considered any names at all. Twenty-one had thought about a name and 65 said that they had never thought about a name, although many added that their own mothers or their partner and his parents would decide on a name for the child.

## CHAPTER XII

### SUMMARY AND CONCLUSIONS

#### A. SUMMARY

##### 1. Review of the Literature

In Chapters I to III the present situation in the world with respect to population growth was outlined. It was pointed out that the rapid increase in population growth has resulted in severe pressures being placed on societies, some of which are: increased urbanization; a large concentration of the population in the younger age groups, which results in a heavy burden on the adult population; a lack of adequate food resources and an increased labour market which cannot be absorbed into the economy.

It was stated that South Africa is in a similar position and that if the present growth rate is sustained, the total population will number 176 million by the year 2030. Particular reference was made to the high growth rate of the Coloured population which hinders the socio-economic development of this group and as such, justifies an investigation.

In addition, the development of population control as an objective was outlined. Two methods were mentioned, whereby governments have attempted to reduce birth rates, namely to greatly increase the availability of contraceptive facilities and to use mass-media to persuade parents to have fewer children.

Some demographers criticize the effectivity of government policies towards birth control by stating that birth control is of sufficient urgency to be made compulsory and that unless this is done, family planning programmes will have little impact on population growth.

In Chapter III, a brief review was given of some of the research which has been done in the field of family planning. Firstly a schematic classification was given of all the variables which directly affect fertility. This was followed by a discussion of some of the factors which prevent successful family limitation. These are: ignorance; ambivalence and late motivation for controlling family size. Some of the results of previous research done in South Africa was briefly outlined.

## 2. The significance of the Study

In Chapter VI, the high growth of the Coloured population was analysed. It was shown that the crude birth rate for the Coloured population is still 50% higher than the rate for the Whites. In addition, the following facts were mentioned: (i) there has been an increase in the frequency of births among women younger than twenty. (ii) The average size of a Coloured family has increased from 4,9 to 5,2 persons between 1960 - 1970. (iii) The crude death rate for the three population groups, Coloured, White and Asian, has decreased during the last few years and the infant mortality rate, for Coloured children particularly, has decreased from 132 to 122 per 1000 between 1968 and 1971. (iv) The high rate of illegitimacy was discussed and it was pointed out that in 1971, of the 9920 births registered for young Coloured mothers between the ages of 15 - 19, 8056 were illegitimate.

All these factors taken together, indicate that the Coloured population will remain a relatively 'young' population for the foreseeable future. This implies a high dependency ratio and rapid increases in the numbers of children. The results thereof were briefly outlined, with particular reference to education, a vital factor in the socio-economic advancement of a people.

## 3. The Aim of the Present Study

The aim of the present study was to obtain some information on the reproductive behaviour of a group of Coloured women between the ages of fifteen and twenty. As the enquiry was aimed specifically at obtaining information about sexual behaviour, the sample was further limited to women who were known to have been sexually active i.e. women who had had one or more confinements. In view of the high illegitimacy rate for this age-group, the sample made no distinction between married and unmarried women.

## 4. Characteristics of the Respondents Studied

The average age of the sample was 18,24 years, and they had experienced an average of 1,26 pregnancies. Out of the 100 in the sample interviewed, only 14 were married. The average age at which the girls in the group had first



experienced sexual intercourse was 16,2.

Eighty-four percent of the respondents were economically active and earned an average of R40 per month. As 58% were living with their parents, their incomes supplemented the total family income and fifty of the eighty-four gave their entire weekly wage to their mothers. The educational level was low and three-quarters of the sample had not reached secondary school level.

## 5. Sexual Activity and Knowledge about Sexual Matters

### (i) Frequency:

An important factor which influences fertility is the age at which a woman becomes sexually active. From an analysis of the demographic data, there appears to be sufficient evidence to support the statement that the younger a female is when she commences intercourse, the more children she is likely to have.

The majority of the respondents had clandestine affairs with their partners and for many of them, the liaison was a romantic one. It would appear that they are generally passive in their sexual commitments and it is the male partner who initiates a sexual relationship. Once a sexual relationship has been established, the majority continue to have intercourse regularly. Intercourse occurs most frequently during the week-ends and for 61%, intercourse takes place either in their parents' home or in the partner's home.

### (ii) Knowledge about Sexual Matters:

An analysis of the responses indicates that knowledge about the biological facts of reproduction is minimal. Information which the respondents did have was either incorrect or misleading. The conclusion reached was that the majority of women interviewed did not realize that there was a high risk of falling pregnant when they had intercourse.

In addition it was found that parental advice about sex was limited to vague warnings about the danger of men but accurate information or counselling was almost entirely absent. In contrast, parental discipline was poor and the majority of respondents were never restricted in their social activities and were allowed out whenever they wished. They were also not required to be home at a particular

time.

From the above findings, it can be concluded that young women are in an extremely vulnerable position. Although parents warn them about the dangers of men, they lack any knowledge about sexual matters. At the same time they are left relatively free to become sexually involved. As this is frowned on by the adults, the relationship is a clandestine one and the male partner therefore has very little social obligation towards his partner. As she values a relationship with a member of the opposite sex, she accepts that it will be a sexual one.

(iii) Sex Education:

The respondents were asked whether they would have liked to have received information about sex. Ninety-one per cent replied in the affirmative. However, if sex education is to be introduced at school, it seems of paramount importance that it should occur at a primary school level. In 1970 only 11% of Coloured pupils had reached secondary school level. In addition, it would also be advantageous to provide sex education as early as possible, in order to overcome the criticism that teaching adolescents how to use contraceptives is tantamount to encouraging them to engage in sexual activities. It would also ensure that when the youngster receives factual information about these subjects, his emotions in respect to that information are dormant or less involved.

The respondents were asked whether they had obtained information about sex from their peer group and an analysis of the responses indicated that they tend to receive advice rather than information.

It was also found that about half of the respondents had discussed sexual matters with their partners, many of them stating that the only information they had ever received about sex was from their partners.

6. Attitudes towards Marriage, Children and Family Size

There was found to be a high value attached to marriage, as the entire sample stated that marriage was preferable to cohabitation. However, in reality only fourteen of the respondents were married. It appears that children who become economically active are expected to contribute towards the income of their parents'



household. Marriage is therefore postponed for as long as possible and this appears to be an obligation which is accepted by the adolescents. The result, however, is that illegitimate children are absorbed into the grandmother's family and when they become too numerous, they become a strain on the entire family.

Bearing children also has a very high social value. A woman who does not have children is held in very low esteem and is regarded as having been promiscuous in her youth. (This attitude is perhaps based on the fact that venereal disease can cause sterility in women). Children are seen as having a binding force between a couple and a relationship without children is regarded as unnatural.

It was found that the ideal number of children for the respondents in the sample was between two and three children. However, it has been shown that women tend to rationalize the number of children they consider to be ideal, in terms of the actual number of children they have. As the respondents in this sample are at the beginning of their child-bearing years, it is to be expected that the ideal number of children for them would be relatively small.

In addition, the ideal number of children mentioned by the respondents, bore no relation with the number they expected to have. This tendency reflects the fatalistic outlook which characterizes many of these women. They lack confidence in their own ability to influence circumstances in their lives and tend to accept that things 'happen' to them rather than planning ahead. This has a negative effect on family planning as women tend to start birth control when they have so many children that they are unable to cope, instead of planning and spacing the number of children they have.

#### 7. Knowledge, Attitudes and Practice with respect to Birth Control

It was found that prior to their first pregnancy, respondents lacked any information about contraception. After their confinements, the majority of them had agreed to the use of some form of contraception, the six-monthly injection being the most popular choice.

However, knowledge about contraception is not enough to ensure that the information will be put to use; it is the individual's attitudes that will determine this. In the study on sexually-active adolescents done in Britain by Schofield



(1965) 82% of the sexually experienced girls said that they knew something about precautions people take to avoid pregnancy, but less than 0,5% had ever purchased a contraceptive. He concluded that many girls still prefer to feel they are being swept off their feet by passion.

The impression gained during the present study was similar, in as far as the use of contraceptives was regarded by many of the respondents to imply a certain active participation in their sexual behaviour which they regarded as improper.

Therefore, although the respondents are generally in favour of birth control, a lack of sufficient motivation suggests that they are unlikely to be successful in their efforts.

#### 8. Attitudes towards Motherhood

From the analysis of the responses, it is clear that the majority of children born to the respondents were unplanned or unwanted. It is obvious that children will only be 'wanted' if parents have the possibility of preventing the birth of unwanted ones. Otherwise children are simply the product of fate. It is difficult to escape the conclusion that responsible parenthood requires as much contraceptive information and availability as possible.

#### B. Conclusions

1. Schofield's study (1965) of the behaviour of young people in England showed that while sexually experienced girls expressed considerable fear of pregnancy, this fear had not kept them from having sexual relations. In addition, many studies including the present one, show that the widespread occurrence of illegitimacy amongst Coloured people certainly does not justify the hope that ignorance of human physiology is a guarantee of chastity. It seems difficult, indeed, to escape the conclusion that fear and ignorance do not ensure desired behaviour.

Since children will only be 'wanted' if parents have the possibility of preventing the birth of unwanted ones, it is evident that responsible parenthood requires as much contraceptive information as possible. This in turn would seem to justify the introduction of a national birth control education programme. Sex education at school, as it is presently envisaged, i.e. during standard six, will

only reach a minority of children. As shown in Table 13 in 1970 only 3% of Coloured pupils had reached standard eight. If sex education were introduced instead at standard four level, at least 27% of children would be reached.

2. For those members of the population who have already left school a national advertising campaign on radio and on posters specifying the free availability of contraceptives and the location of birth control clinics would be desirable. In addition, a programme which emphasises the acceptability of contraceptive practice would serve to increase motivation for family planning.

3. As far as preparation for motherhood is concerned, the conclusion reached is that the majority of the respondents were totally unequipped for their rôle as mother. Owing to the limitation of the study, this phenomenon could not be studied in more depth. However, previous studies have shown that the mother-dominated family predominates amongst lower class families. In this study, it appeared that the child would become absorbed as a member of the grand-mother's household, and that his or her own mother would become more like an older sister.

4. It has been calculated that the economic worth of preventing a birth in low income countries may be up to two and a half times the annual per capita income (Donaldson, 1973). The economic return to investment in birth control is thus many times greater than that of output-increasing investment.

In view of the urgency of the population crisis, it would seem imperative to increase the amount of resources devoted to family planning. A rational programme could include, for instance, the payment of a cash benefit of R50 to every woman who accepted the injection once every six months. Twenty five thousand births per year could be prevented in this way for the amount of two and a half million rand.

It is unfortunate that rational solutions are unlikely to be applied in this area.



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QUESTIONNAIREAPPENDIX ANUMBER : \_\_\_\_\_  
\_\_\_\_\_1. PREGNANCY HISTORY

	None	1	2	3	4+
1. No. of live children	_____	_____	_____	_____	_____
2. No. of miscarriages	_____	_____	_____	_____	_____
3. No. of children born dead	_____	_____	_____	_____	_____
4. No. of children who have died	_____	_____	_____	_____	_____

II. SOCIO-ECONOMIC BACKGROUND

5. Age of respondent	-15	16	17	18	19	20		
6. Partner's age	Don't know	-17	18	19	20	21	22	23
	24	25	26	27	28	29	30	31-

7. Did you attend school, if yes, what standard did you pass?

Never attended school	Sub A -	III	IV	V
VI	VII	VIII	IX	X

8. Did your partner attend school? If yes, what standard did he pass?

Don't know	Never attended school	Sub A - Std II	III	IV	V
VI	VII	VIII	IX	X	

9. What kind of relationship did you have with the father of your child before you became pregnant?

Married
Knew him for more than 2 years
" " " " " 1 year
" " " " " 3 months
" " " less " 3 months
" " " " " 1 month
Didn't know him at all
Living with partner



10. Are you working at present? (Up to the time of birth)

YES	NO
-----	----

11. Will you continue working after the birth?

NA	YES	NO
----	-----	----

12. What kind of work are you engaged in?

13. How much do you earn per week?

N/A

R2-3	R4-5	R6-7	R8-9	R10-11	R12-13
R14-16	R17-19	R20-22	R23-25	R26-28	R29-30

14. How much do you contribute pw. to your family's budget?

N/A

15. With whom and with how many people are you living at present?

Family  
Relations

Friends

Alone

Boyfriend

Husband

Other

16. Housing :

Owner

Owner with tenants

Single tenant

Sub-tenant

Free accommodation

17. Sleeping arrangements:

	N.	M.	F.
You have a room to yourself			
You share a room with another adult			
You share a room with another child			
You have a bed to yourself			
You share a bed with another adult			
You share a bed with another child			

18. Who was the adult female responsible for rearing you?

Mother
Foster mother
Aunt
Grandmother

III. ATTITUDES TO FAMILY SIZE AND SPACING

19. Do you want to have more children?

YES	YES, BUT WAIT A WHILE	NO	UNCERTAIN
-----	-----------------------	----	-----------

20. How many children do you want to have?

1	2	3	4	5+	Don't know	As many as come
---	---	---	---	----	------------	-----------------

21. How many children do you expect to have?

1	2	3	4	5+	Don't know	As many as come
---	---	---	---	----	------------	-----------------

22. How many children do you consider to be ideal?

1	2	3	4	5+	Don't know	As many as come
---	---	---	---	----	------------	-----------------

23. How many children do you consider to be a large family?

-4	5	6	7	8	9	10	11	12	13+	Don't know
----	---	---	---	---	---	----	----	----	-----	------------

24. Have you ever discussed the number of children you would like to have with your partner?

YES	NO
-----	----

25. How many children would he like to have?

1	2	3	4	5+	Don't know	As many as come
---	---	---	---	----	------------	-----------------

26. How many children did your mother have?

1-2	3-4	5-6	7-8	9-10	11-12	13-14+
-----	-----	-----	-----	------	-------	--------

27. Do you consider this to be too many, just right or too few?

TOO MANY	JUST RIGHT	TOO FEW
----------	------------	---------

IV. ATTITUDES TO MARRIAGE AND CHILDREN

28. Would you say it is better to live with a man or to get married?

MARRY	LIVE
-------	------

29. Your reason for preferring to live with a man:

N/A
Woman not tied to one man
Man treats you as an equal
I don't want to get married
Woman can leave the man if she is unhappy
Partners can remain independent
Other

30. Have you ever discussed marriage with your partner?

N/A	YES	NO
-----	-----	----

31. Are you planning to marry him?

N/A	YES	NO
-----	-----	----



32. When are you planning to get married?

N/A
Within 6 months
" 1 year
" 2 years
After another 2 years
Undecided
Don't know

33. Do you think it is an important thing in life to have children?

YES	NO
-----	----

34. Do you think children help to keep a man and a woman together?

YES	NO
-----	----

35. Should children look after their parents in their old age or should parents look after themselves?

Children look after parents	Parents look after themselves
-----------------------------	-------------------------------

36. Do you think that a man and a woman who live together and have no children can be happy together?

YES	NO
-----	----

37. If a woman does not have children, do people say things about her?

YES (specify)	NO
---------------	----

V. KNOWLEDGE, ATTITUDES AND PRACTICE WITH RESPECT TO SEX

38. Can you tell me in a few words how a baby is made?


39. How old were you when you first knew how a baby is made?

-10	10-12	13-14	15-16	17-18	19-20
-----	-------	-------	-------	-------	-------

40. Who first told you about sexual intercourse?

Mother
Family Relative
Girl-friend
Boy-friend
Other (specify)

41. When you first had your period, did you know what it was?

YES	NO
-----	----

42. Who first told you and what did they say?

Mother	Family Relative	Girl-friend	Boy-friend	Other (specify)
--------	-----------------	-------------	------------	-----------------

43.

--

44. Did your mother ever tell you that you could have a child as a result of sexual intercourse?

YES	NO
-----	----

45. How old were you when she first told you?

N/A	-10	11-12	13-14	15-16	17-18	19-20
-----	-----	-------	-------	-------	-------	-------

46. Did your mother ever say anything to you about going out with boys, and if yes, what did she say?

NO	YES
----	-----

Keep away from boys
Be careful of boys
Boys can cause you trouble
Don't have intercourse
If you have intercourse, you could become pregnant
Other (specify)

47. Did your mother ever forbid you from going out with boys, and if yes, how old were you?

YES	NO
-----	----

-10	11-12	13-14	15-16	17-18	19-20
-----	-------	-------	-------	-------	-------

48. How old were you when you had intercourse for the first time?

-11	12	13	14	15	16	17	18	19	20
-----	----	----	----	----	----	----	----	----	----

49. Did you know what it was?

YES	NO
-----	----

50. Could you briefly relate the circumstances in which it happened?


51. After you had intercourse for the first time, did you go on having intercourse regularly or did you stop?

YES REGULARLY
---------------

INTERMITTENTLY
----------------

STOPPED FOR A WHILE
---------------------

52. For how long had you been having intercourse regularly before you became pregnant?

Less than 1 month
-------------------

1-2 months
------------

3-4 "
-------

5-6 "
-------

Less than 1 year
------------------

More than 1 year
------------------

53. Did your mother or any family member know when you had intercourse for the first time?

YES	NO
-----	----



54. Did your mother or any family member know about any subsequent sexual relationship you had?

YES	NO
-----	----

55. Did you try to keep the fact that you had sexual intercourse a secret from your mother?

YES	NO
-----	----

56. Have you ever discussed any subject related to sex with your mother?

YES	NO
-----	----

57. Do you have a close friendship with a particular woman?

YES
-----

NO
----

58. Do you value this friendship for any of the following reasons?

Because you can discuss your problems better with her than with a man.
--

Because she understands you better than a man does.
---

Because she can help you more than a man can.
---

Because there are more things that you would tell her about yourself than you would to a man.
---

Because women are more sympathetic than men.
--

Other (Specify)
-----------------

59. Do you ever discuss any subject related to sex with this friend or with any other friend?

YES	NO	SOMETIMES
-----	----	-----------

60. Do you ever discuss any subject related to sex with your partner?

YES	NO	SOMETIMES
-----	----	-----------

61. Do you think that you can learn more about sexual matters from a man or from a woman?

---

FROM A MAN

---

FROM A WOMAN

---

62. As a rule, how often do you have intercourse?

---

Three or more times a week

---

Twice a week

---

Once a week

---

Less than once a week

63. As a rule, do you have intercourse more often during the weekend than during the week?

---

NA

---

Always during the week-end

---

Mostly during the week-end

---

Makes no difference

---

Sometimes during the week-end

---

Never during the week-end

64. As a rule, where do you have intercourse?

---

Parent's house

---

Partner's house

---

Friend's house

---

Own room

---

Outside

---

Other (Specify)

65. As a rule, who do you think enjoys intercourse more? Why do you think so?

---

NA

---

Men

---

Women

---

Both equally

---

No opinion

66. Do you enjoy intercourse?

---

ALWAYS

MOSTLY

SOMETIMES

NEVER

INDIFFERENT

---

67. When you have intercourse, is it because of any of the following reasons?

Because your partner wants it

Because you feel you have to

Because your partner would be angry if you refused

Because your partner would go to somebody else if you refused

Because your partner is nicer to you if you do

Because you enjoy it yourself

Because you like to please your partner

Because women have to submit to men

68. Would you like to have intercourse more often, less often or are you satisfied with number of times?

More often

Less often

Just right as it is

Indifferent

Don't know

#### VI. KNOWLEDGE, ATTITUDES AND PRACTICE WITH RESPECT TO BIRTH CONTROL

69. Have you ever heard of any birth-control techniques?

YES

NO

70. How old were you when you first heard about birth-control techniques?

-12    13    14    15    16    17    18    19    20

71. Who first told you about birth-control?

NA

Mother

Family member

Girl-friend

Boy-friend

Clinic

Hospital

Other (specify)



72. Which birth-control techniques have you heard of?

Pill	Injection	Sterilization	Condom
Loop	Diaphragm	Withdrawal	Rhythm

73. I am going to mention some birth-control techniques and I want you to tell me which ones you have heard of?

Pill	Injection	Sterilization	Condom
Loop	Diaphragm	Withdrawal	Rhythm

74. Have you ever used any of these techniques? If yes, why did you discontinue?

YES	NO
-----	----

Reason: \_\_\_\_\_

75. Which ones have you used?

Pill	Injection	Sterilization	Condom
Loop	Diaphragm	Withdrawal	Rhythm

76. Are you going to use a technique now?

YES	NO (Specify reason)
-----	---------------------

77. Which technique will you use?

Pill	Injection	Sterilization	Condom
Loop	Diaphragm	Withdrawal	Rhythm

78. Who told you to use a technique now?

Mother	Clinic	Partner	Family relative	Girl-friend	Other (specify)
--------	--------	---------	-----------------	-------------	-----------------

79. How did you discover that you were pregnant?

Knew herself	Mother told her	Boyfriend told her
Friend told her	Clinic told	Other (specify)

80. Did you know that you could become pregnant as a result of intercourse?

YES	NO
-----	----

81. When your periods stopped, did you suspect that you might be pregnant?

YES	NO
-----	----

82. When you knew that you were pregnant, did you tell your mother immediately, after a while or did she discover it for herself?

Told immediately
------------------

Told after a while
--------------------

Mother discovered herself
---------------------------

Other (specify)
-----------------

83. What was your mother's reaction when she knew that you were pregnant?

Indifferent
-------------

Pleased
---------

Angry
-------

84. To your knowledge, did your partner know about birth-control before you became pregnant?

YES	NO	DON'T KNOW
-----	----	------------

85. Did he ever tell you about it?

YES	NO
-----	----

86. Did he ever suggest that you use a birth-control technique?

YES	NO
-----	----

87. If you had known about a birth-control technique and if you could easily have obtained it before you became pregnant, do you think you would have used it?

YES	NO (Specify why not)	DON'T KNOW
-----	----------------------	------------

VII. PREPAREDNESS FOR MOTHERHOOD AND ATTITUDES TOWARDS MOTHERHOOD

89. Before you became pregnant, did you want to have a child?

YES	NO	INDIFFERENT	DON'T KNOW	UNCERTAIN
-----	----	-------------	------------	-----------

90. After you became pregnant, did you want to have this child?

YES	NO	INDIFFERENT	DON'T KNOW	UNCERTAIN
-----	----	-------------	------------	-----------

91. Do you want to have this child now?

YES	NO	INDIFFERENT	DON'T KNOW	UNCERTAIN
-----	----	-------------	------------	-----------

92. After you became pregnant, did you wish that it had never happened?

YES	NO	UNCERTAIN
-----	----	-----------

93. Did your partner want you to have a child?

YES	NO	UNCERTAIN	INDIFFERENT	DON'T KNOW
-----	----	-----------	-------------	------------

94. Did your partner want you to have this child?

YES	NO	UNCERTAIN	INDIFFERENT	DON'T KNOW
-----	----	-----------	-------------	------------

95. What was your partner's reaction when he knew that you were pregnant?

PLEASED	ANNOYED	ANGRY	INDIFFERENT	DON'T KNOW	OTHER (SPECIFY)
---------	---------	-------	-------------	------------	-----------------

96. Did your partner ever say that he wished that your pregnancy would end?

NA	YES	NO	UNCERTAIN
----	-----	----	-----------

97. What was your reaction when you knew that you were pregnant?

PLEASED	ANNOYED	ANGRY	INDIFFERENT	DON'T KNOW	OTHER (SPECIFY)
---------	---------	-------	-------------	------------	-----------------



98. Do you want to look after this child yourself?

YES	NO
-----	----

99. Who is going to look after your child?

SELF	SELF WITH MOTHER	MOTHER	FAMILY RELATIVE	OTHER (SPECIFY)
------	------------------	--------	-----------------	-----------------

100. Is the father of your child going to contribute to its support?

NA	YES	NO	UNCERTAIN	DON'T KNOW
----	-----	----	-----------	------------

101. How much is he willing to contribute per week?

-50c	R1	R2	R3	R4	R5+	DON'T KNOW
------	----	----	----	----	-----	------------

102. Have you thought at all about a name for your child?

NA	YES	NO
----	-----	----

103. Would you tell a daughter of yours about sexual intercourse when she becomes an adolescent?

YES	NO
-----	----

104. If no, who would you expect should tell her?

N/A	PERSON:
-----	---------

105. If your daughter had a boyfriend, would you tell her to use birth-control?

NA	YES	NO	UNCERTAIN	DON'T KNOW
----	-----	----	-----------	------------

106. Would you mind if a daughter of yours, living with you, became pregnant?

YES	NO	UNCERTAIN	DON'T KNOW
-----	----	-----------	------------

107. Would you have liked your mother to tell you more about birth-control and intercourse before you became pregnant?

YES	NO
-----	----

108. Can you tell me why you would have liked/disliked it?

- 97 -

APPENDIX BKEY TO COMPUTER PRINT OUT SHEETSDATA 1 SHEETS

All the data have been tabulated in terms of the answers to question 1 of the questionnaire:

NUMBER OF LIVE CHILDREN

None: 12 Respondents

1 75 "

2 10 "

3 3 "

---

 100
PRINT OUTQUESTIONREFERENCENUMBER

001	2	Line 1 = Number of respondents having no live children 2 = Number of respondents having 1 live child 3 = Number of respondents having 2 live children 4 = Number of respondents having 3 live children Column 1 = Respondents having had no miscarriages: 98 2 = Respondents having had 1 miscarriage: 1 3 = Respondents having had 2 miscarriages: 2 4 = Respondents having had 3 miscarriages: 0
002	3	Lines 1-4: Number of live children Column 1-4: Number of stillbirths
003	4	
005	6	
006	7	
007	8	
008	9	
009	10	

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011	12	Column 1	None
		2	Factory
		3	Service
		4	Shop Assistant
		5	Cleaner
		6	Clerical work
		7	Farm labourer
012	14	Column 1	N/A
		2	100%
		3	75%
		4	50%
		5	25%
		6	0%
013	15	Column 1	Lives with 0-1 people
		2	Lives with 2-3 people
		3	Lives with 4-5 people
		4	Lives with 6-7 people
		5	Lives with 8-9 people
		6	Lives with 10-11 people
		7	Lives with 12-13 people
		8	Lives with 14+ people
014	15	Column 1	Lives with family
		2	Lives with relations
		3	Lives with friends
		4	Lives alone
		5	Lives with boyfriend
		6	Lives with husband
		7	Lives with other
015	16		
016	17	Column 1	
		2	
		3	



- 99 -

4  
5  
6  
7  
8

017	17	Column 1
		2
		3
		4
		5
		6
		7

018	18
-----	----

019	19
-----	----

020	20
-----	----

021	21
-----	----

022	22
-----	----

023	23
-----	----

024	24
-----	----

025	25	Column 1	N/A
		2	1
		3	2
		4	3
		5	4
		6	5
		7	Don't know
		8	As many as come

026	26
-----	----

- 100 -

027	27		
028	30		
029	31		
030	32		
031	33	Column 1	Yes
		2	No
		3	Don't know
032	34		
033	36		
034	37	Column 1	Yes
		2	No
		3	Don't know
035	38	Column 1	Don't know
		2	Your period goes away
		3	Something from the man
		4	Water must break together
		5	Seed and egg join
		6	Sperm impregnates ovum
		7	Partner's blood mixes
		8	Period stops, then pregnant
036	39		
037	42		
038	41		
039	40	Column 1	Mother
		2	Family relative

- 101 -

- 3 Girl friend
- 4 Boy friend
- 5 School teacher
- 6 Employer
- 7 Other

040

041 44

042 45

043 46

044 47 Yes - No

045 47 Column 1 -10  
2 11-12

046 48

047 49

048 50 Column 1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11

049 51



- 102 -

050	52		
051	53	Column 1	N/A
		2	Yes
		3	No
052	54	Column 1	N/A
		2	Yes
		3	No
053	55	Column 1	N/A
		2	Yes
		3	No
054	56	Column 1	No
		2	Yes
055	57		
056	59		
057	60		
058	61		
059	62	Column 1	N/A
		2	N/A
		3	Once a day
		4	Three times a week
		5	Twice a week
		6	Once a week
		7	Less than once a week
060	63		
061	64	Column 6	Own home
		Column 7	Relative's house

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062 65

063 66

064 67

065 68

DATA 2 SHEETS

All the data have been tabulated in terms of the answers to question 66.

Line 1	Yes	99
2	No	1
		<hr/> 100

001 70

002 71

003	72	Column 1	N/A
		2	Pill
		3	Injection
		4	Loop
		5	Sterilization
		6	Pill and injection
		12	Pill, injection and sterilization
		15	Pill, injection, loop
		16	Pill, injection, loop, sterilization

004	73	Column 1	N/A
		4	Loop
		5	Sterilization

005 74

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006	75	Column 1	N/A
		2	Pill
		3	Injection
		4	Loop
008	76	Column 1	Yes
		2	No
		3	Stillborn child
		4	Partner wants child
		5	Mother said no
		6	No longer having intercourse
		7	Partner against it
009	77	Column 1	N/A
		2	Pill
		3	Injection
010	78	Column 6	Hospital
		7	Employer
		8	Self
011	79	Column 6	Relative
		7	Doctor
012	80		
013	81		
014	82	Column 1	N/A
		2	Immediately
		5	Boyfriend told mother
		6	Not told yet
015	83		
020	84		
023	87		



024 89

025 90

026 91

027 93

028 94

029 95

030 96

032 97

033 98

034 99

Column 1	N/A
2	Self
6	Boyfriend's mother
7	Woman friend
8	Don't know

035 100

036 102

037 103

038 104

Column 1	N/A
2	Friends
3	Family
4	Self
5	Don't know

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039 105

040 106

041 107

042 108

FREKWENSIES EERSTE KAART 001					FREKWENSIES EERSTE KAART 003				
91.67	8.33	0.00	0.00		75.00	25.00	0.00	0.00	
98.67	0.00	1.33	0.00		98.67	1.33	0.00	0.00	
100.00	0.00	0.00	0.00		100.00	0.00	0.00	0.00	
100.00	0.00	0.00	0.00		100.00	0.00	0.00	0.00	
11.22	100.00	0.00	0.00		9.38	75.00	0.00	0.00	
75.51	0.00	100.00	0.00		77.08	25.00	0.00	0.00	
10.20	0.00	0.00	0.00		10.82	0.00	0.00	0.00	
3.00	0.00	0.00	0.00		3.13	0.00	0.00	0.00	
11.00	1.00	0.00	0.00		9.00	3.00	0.00	0.00	
74.00	0.00	1.00	0.00		74.00	1.00	0.00	0.00	
10.00	0.00	0.00	0.00		10.00	0.00	0.00	0.00	
3.00	0.00	0.00	0.00		3.00	0.00	0.00	0.00	
FREKWENSIES EERSTE KAART 002					FREKWENSIES EERSTE KAART 004				
25.00	75.00	0.00	0.00		0.00	0.00	0.00	8.33	33.33
98.67	0.00	0.00	1.33		0.00	1.33	18.67	21.33	14.67
100.00	0.00	0.00	0.00		0.00	0.00	0.00	10.00	40.00
100.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
3.33	100.00	0.00	0.00		0.00	0.00	0.00	5.88	25.00
82.12	0.00	0.00	100.00		0.00	100.00	100.00	94.12	68.75
11.11	0.00	0.00	0.00		0.00	0.00	0.00	6.25	12.50
3.33	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
3.00	0.00	0.00	0.00		0.00	0.00	0.00	1.00	4.00
74.00	0.00	0.00	1.00		0.00	1.00	14.00	16.00	11.00
10.00	0.00	0.00	0.00		0.00	0.00	0.00	1.00	4.00
3.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00



FREKWENSIES EERSTE KAART

005

0.00	16.67	0.00	0.00	25.00	33.33	0.00	16.67	0.00	0.00	8.33	0.00	0.00	0.00	0.00	0.00
1.33	12.00	0.00	8.00	12.00	20.00	18.67	5.33	2.67	6.67	2.67	2.67	1.33	2.67	0.00	4.00
0.00	0.00	0.00	0.00	0.00	10.00	20.00	20.00	10.00	10.00	20.00	0.00	0.00	0.00	0.00	10.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	33.33	0.00	66.67	0.00	0.00	0.00	0.00	0.00	0.00
0.00	16.16	0.00	0.00	25.00	20.00	0.00	22.22	0.00	0.00	20.00	0.00	0.00	0.00	0.00	0.00
100.00	81.82	0.00	100.00	75.00	75.00	87.50	44.44	56.67	62.50	40.00	100.00	100.00	100.00	0.00	75.00
0.00	0.00	0.00	0.00	0.00	5.00	12.50	22.22	33.33	12.50	40.00	0.00	0.00	0.00	0.00	25.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.11	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	2.00	0.00	0.00	3.00	4.00	0.00	2.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00
1.00	9.00	0.00	6.00	9.00	15.00	14.00	4.00	2.00	5.00	2.00	2.00	1.00	2.00	0.00	3.00
0.00	0.00	0.00	0.00	0.00	1.00	2.00	2.00	1.00	1.00	2.00	0.00	0.00	0.00	0.00	1.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00

FREKWENSIES EERSTE KAART

006

FREKWENSIES EERSTE KAART

008

0.00	1.00	16.67	25.00	8.33	25.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	8.33	16.67	25.00	16.67	8.33	0.00	0.00	25.00
0.00	5.33	13.33	14.67	17.33	10.00	22.67	4.00	1.33	0.00	1.33	0.00	0.00	9.33	16.67	20.67	20.00	2.67	4.00	0.00	6.67
0.00	0.00	20.00	20.00	10.00	30.00	0.00	10.00	0.00	0.00	0.00	0.00	0.00	50.00	20.00	10.00	10.00	0.00	0.00	0.00	10.00
0.00	33.33	0.00	0.00	0.00	66.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33.33	33.33	0.00	0.00	0.00	0.00	0.00	33.33
0.00	0.00	13.33	18.75	6.67	13.04	15.00	0.00	0.00	0.00	0.00	0.00	0.00	7.14	8.00	11.11	11.11	33.33	0.00	0.00	30.00
0.00	80.00	66.67	66.75	86.67	45.22	85.00	75.00	100.00	0.00	100.00	0.00	100.00	50.00	80.00	85.19	83.33	66.67	100.00	0.00	50.00
0.00	0.00	20.00	12.50	6.67	13.04	0.00	25.00	0.00	0.00	0.00	0.00	0.00	35.71	8.00	3.70	5.56	0.00	0.00	0.00	10.00
0.00	20.00	0.00	0.00	0.00	8.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.14	4.00	0.00	0.00	0.00	0.00	0.00	10.00
0.00	0.00	2.00	3.00	1.00	3.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	2.00	3.00	2.00	1.00	0.00	0.00	3.00
0.00	4.00	10.00	11.00	13.00	15.00	17.00	3.00	1.00	0.00	1.00	0.00	0.00	7.00	20.00	23.00	15.00	2.00	3.00	0.00	5.00
0.00	0.00	3.00	2.00	1.00	3.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	5.00	2.00	1.00	1.00	0.00	0.00	0.00	1.00
0.00	1.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00

FREKWENSIES EERSTE KAART

007

0.00	50.00	8.33	0.00	0.00	8.33	25.00	0.00	8.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	42.67	4.00	5.33	2.67	8.00	8.00	12.00	6.67	8.00	2.67	0.00	0.00	0.00	0.00	0.00
0.00	30.00	0.00	0.00	0.00	10.00	30.00	10.00	10.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	33.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66.67	0.00	0.00	0.00	0.00
0.00	14.63	25.00	0.00	0.00	12.50	25.00	0.00	14.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	78.05	75.00	80.00	100.00	75.00	50.00	90.00	71.43	85.71	50.00	0.00	0.00	0.00	0.00	0.00
0.00	7.32	0.00	0.00	0.00	12.50	25.00	10.00	14.29	14.29	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	0.00	0.00	0.00
0.00	6.00	1.00	0.00	0.00	1.00	3.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	32.00	3.00	4.00	2.00	6.00	6.00	9.00	5.00	6.00	2.00	0.00	0.00	0.00	0.00	0.00
0.00	1.00	0.00	0.00	0.00	1.00	3.00	1.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00

FREKWENSIES EERSTE KLAART 009

0.00 91.67 8.33  
0.00 66.67 16.67  
0.00 60.00 40.00  
0.00 66.67 33.33

0.00 13.10 6.25  
0.00 77.33 62.50  
0.00 7.14 25.00  
0.00 2.38 6.25

0.00 11.00 1.00  
0.00 65.00 10.00  
0.00 2.00 4.00  
0.00 2.00 1.00

FREKWENSIES EERSTE KLAART 010

8.33 63.33 8.33  
12.00 82.67 5.33  
40.00 60.00 0.00  
33.33 66.67 0.00

6.67 12.50 20.00  
60.00 77.50 80.00  
26.67 7.50 0.00  
6.67 2.50 0.00

1.00 10.00 1.00  
9.00 62.00 4.00  
4.00 6.00 0.00  
1.00 2.00 0.00

FREKWENSIES EERSTE KLAART 011

8.33 33.33 33.33 16.67 8.33 0.00 0.00  
13.33 50.67 30.00 10.67 1.33 2.67 1.33  
40.00 20.00 30.00 0.00 0.00 10.00 0.00  
33.33 66.67 0.00 0.00 0.00 0.00 0.00

6.25 8.70 18.18 20.00 50.00 0.00 0.00  
62.50 62.61 68.18 80.00 50.00 66.67 100.00  
25.00 4.35 13.64 0.00 0.00 33.33 0.00  
6.25 4.35 0.00 0.00 0.00 0.00 0.00

1.00 4.00 4.00 2.00 1.00 0.00 0.00  
10.00 38.00 15.00 8.00 1.00 2.00 1.00  
4.00 2.00 3.00 0.00 0.00 1.00 0.00  
1.00 2.00 0.00 0.00 0.00 0.00 0.00

FREKWENSIES EERSTE KLAART 012

25.00 41.67 0.00 8.33 8.33 16.67  
20.00 53.33 8.00 8.00 1.33 9.33  
50.00 30.00 0.00 0.00 10.00 10.00  
33.33 66.67 0.00 0.00 0.00 0.00

12.50 10.00 0.00 14.29 3.33 20.00  
62.50 80.00 0.00 85.71 33.33 70.00  
20.00 6.00 0.00 0.00 33.33 10.00  
4.17 4.00 0.00 0.00 0.00 0.00

3.00 1.00 0.00 1.00 1.00 2.00  
15.00 10.00 6.00 6.00 1.00 7.00  
5.00 3.00 0.00 0.00 1.00 1.00  
1.00 2.00 0.00 0.00 0.00 0.00

FREKWENSIES EERSTE KLAART 013

0.00 8.33 10.67 16.67 25.00 10.67 16.67 0.00 0.00  
0.00 8.00 10.67 22.67 17.33 11.33 8.00 4.00 8.00  
0.00 0.00 50.00 10.00 0.00 10.00 20.00 10.00 0.00  
0.00 33.33 0.00 33.33 0.00 0.00 33.33 0.00 0.00

0.00 12.50 15.50 5.52 18.75 10.53 18.18 0.00 0.00  
0.00 75.00 53.33 80.95 61.25 34.21 54.55 75.00 100.00  
0.00 0.00 33.33 4.76 0.00 5.26 18.18 25.00 0.00  
0.00 12.50 0.00 4.76 0.00 0.00 0.00 0.00 0.00

0.00 1.00 2.00 2.00 3.00 2.00 0.00 0.00 0.00  
0.00 6.00 8.00 17.00 12.00 16.00 6.00 3.00 6.00  
0.00 0.00 5.00 1.00 0.00 1.00 2.00 1.00 0.00  
0.00 1.00 0.00 1.00 0.00 0.00 1.00 0.00 0.00

013

FREKWENSIES EERSTE KLAART 014

0.00 58.33 16.67 0.00 8.33 8.33 8.33 0.00  
0.00 61.33 5.33 8.00 8.00 5.33 6.67 1.33  
0.00 50.00 10.00 0.00 0.00 10.00 30.00 0.00  
0.00 0.00 33.33 0.00 33.33 0.00 33.33 0.00

0.00 12.00 10.18 0.00 12.50 10.67 10.00 0.00  
0.00 75.31 63.64 100.00 75.00 80.95 50.00 100.00  
0.00 8.62 5.00 0.00 0.00 16.67 30.00 0.00  
0.00 0.00 9.09 0.00 12.50 0.00 10.00 0.00

0.00 7.00 2.00 0.00 1.00 1.00 1.00 0.00  
0.00 46.00 7.00 6.00 6.00 4.00 5.00 1.00  
0.00 5.00 1.00 0.00 0.00 1.00 3.00 0.00  
0.00 0.00 1.00 0.00 1.00 0.00 1.00 0.00

014



FREKWENSIES EERSTE KAART										FREKWENSIES EERSTE KAART										017
015										0.00	50.00	8.33	0.00	0.00	0.00	25.00	16.67	0.00		
0.00	16.67	8.33	33.33	8.33	33.33					0.00	50.67	8.00	0.00	1.33	0.00	20.00	20.00	0.00		
0.00	16.00	4.00	44.00	14.67	21.33					0.00	10.00	30.00	0.00	0.00	0.00	60.00	0.00	0.00		
0.00	20.00	0.00	40.00	20.00	20.00					0.00	32.33	32.33	0.00	0.00	0.00	32.33	0.00	0.00		
0.00	0.00	0.00	33.33	0.00	66.67					0.00	12.04	9.09	0.00	0.00	0.00	12.00	11.76	0.00		
0.00	12.50	25.00	9.52	7.14	16.67					0.00	82.61	54.55	0.00	100.00	0.00	60.00	68.24	0.00		
0.00	75.00	75.00	78.57	78.57	66.67					0.00	2.17	27.27	0.00	0.00	0.00	24.00	0.00	0.00		
0.00	12.50	0.00	9.52	14.29	8.33					0.00	2.17	9.09	0.00	0.00	0.00	4.00	0.00	0.00		
0.00	0.00	0.00	2.58	0.00	8.33					0.00	6.00	1.00	0.00	0.00	1.00	3.00	2.00	0.00		
0.00	2.00	1.00	4.00	1.00	4.00					0.00	30.00	6.00	0.00	1.00	0.00	15.00	15.00	0.00		
0.00	12.00	3.00	13.00	11.00	16.00					0.00	1.00	3.00	0.00	0.00	0.00	6.00	0.00	0.00		
0.00	2.00	0.00	4.00	2.00	2.00					0.00	1.00	1.00	0.00	1.00	0.00	1.00	0.00	0.00		
0.00	0.00	0.00	1.00	0.00	2.00															
016										FREKWENSIES EERSTE KAART										018
FREKWENSIES EERSTE KAART										0.00	83.33	8.33	0.00	8.33						
0.00	16.67	8.33	0.00	0.00	16.67	25.00	33.33	0.00		0.00	92.00	1.33	2.67	4.00						
0.00	16.67	16.67	0.00	6.67	10.67	14.67	26.67	6.67		0.00	90.00	10.00	0.00	0.00						
0.00	10.00	20.00	10.00	0.00	20.00	40.00	0.00	0.00		0.00	66.67	33.33	0.00	0.00						
0.00	33.33	33.33	0.00	0.00	0.00	33.33	0.00	0.00		0.00	11.11	25.00	0.00	25.00						
0.00	11.11	6.25	0.00	0.00	16.67	15.79	16.67	0.00		0.00	76.67	25.00	100.00	75.00						
0.00	77.78	75.00	0.00	100.00	66.67	57.89	83.33	100.00		0.00	10.00	25.00	0.00	0.00						
0.00	5.56	12.50	10.00	0.00	16.67	21.05	0.00	0.00		0.00	2.22	25.00	0.00	0.00						
0.00	5.56	6.25	0.00	0.00	0.00	5.26	0.00	0.00		0.00	10.00	1.00	0.00	1.00						
0.00	2.00	1.00	0.00	0.00	2.00	3.00	4.00	0.00		0.00	69.00	1.00	2.00	3.00						
0.00	14.00	12.00	0.00	5.00	8.00	11.00	20.00	5.00		0.00	9.00	1.00	0.00	0.00						
0.00	1.00	2.00	1.00	0.00	2.00	4.00	0.00	0.00		0.00	2.00	1.00	0.00	0.00						
0.00	1.00	1.00	0.00	0.00	0.00	1.00	0.00	0.00												
019										FREKWENSIES EERSTE KAART										020
FREKWENSIES EERSTE KAART										0.00	0.00	50.00	8.33	16.67	0.00	25.00	0.00			
0.00	33.33	50.00	8.33	8.33						0.00	6.67	33.33	25.33	14.67	1.33	16.67	0.00			
0.00	8.00	84.00	4.00	4.00						0.00	0.00	20.00	40.00	30.00	0.00	10.00	0.00			
0.00	0.00	50.00	10.00	0.00						0.00	0.00	0.00	33.33	66.67	0.00	0.00	0.00			
0.00	0.00	33.33	33.33	33.33						0.00	0.00	18.18	4.00	11.11	0.00	16.67	0.00			
0.00	40.00	7.59	16.67	20.00						0.00	100.00	75.76	76.00	83.11	100.00	77.78	0.00			
0.00	0.00	11.39	16.67	0.00						0.00	0.00	6.06	16.00	16.67	0.00	5.56	0.00			
0.00	0.00	1.27	16.67	20.00						0.00	0.00	0.00	4.00	11.11	0.00	0.00	0.00			
0.00	4.00	8.00	1.00	1.00						0.00	0.00	6.00	1.00	2.00	0.00	3.00	0.00			
0.00	0.00	63.00	2.00	3.00						0.00	5.00	25.00	19.00	11.00	1.00	14.00	0.00			
0.00	0.00	9.00	1.00	0.00						0.00	0.00	2.00	4.00	3.00	0.00	1.00	0.00			
0.00	0.00	1.00	1.00	1.00						0.00	0.00	0.00	1.00	2.00	0.00	0.00	0.00			



021

## FREKWENSIES EERSTE KAART

023

## FREKVENSIËS EEFSTE KAART

0.00	0.00	25.00	16.67	8.33	0.00	50.00	0.00
0.00	1.33	13.33	16.00	4.00	2.67	61.33	1.33
0.00	0.00	0.00	30.00	0.00	0.00	70.00	0.00
0.00	0.00	0.00	33.33	0.00	0.00	33.33	33.33
0.00	0.00	23.08	11.11	25.00	0.00	10.00	0.00
0.00	100.00	78.92	16.67	75.00	100.00	78.67	50.00
0.00	0.00	0.00	16.67	0.00	0.00	11.67	0.00
0.00	0.00	0.00	5.56	0.00	0.00	1.67	50.00
0.00	0.00	3.00	2.00	1.00	0.00	6.00	0.00
0.00	1.00	10.00	12.00	3.00	2.00	48.00	1.00
0.00	0.00	0.00	3.00	0.00	0.00	7.00	0.00
0.00	0.00	0.00	1.00	0.00	0.00	1.00	1.00

0.00	25.00	16.67	25.00
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[illegible]

FREKVENSIJS EERSTE KAART

022

0.00	0.00	8.33	41.67	33.33	8.33	8.33	0.00
0.00	0.00	28.00	34.67	21.33	10.67	5.33	0.00
0.00	0.00	20.00	30.00	40.00	0.00	10.00	0.00
0.00	0.00	0.00	32.33	66.67	0.00	0.00	0.00
<hr/>							
0.00	0.00	4.17	14.29	15.38	11.11	16.67	0.00
0.00	0.00	87.50	74.29	61.54	68.89	66.67	0.00
0.00	0.00	8.33	8.57	15.38	0.00	16.67	0.00
0.00	0.00	0.00	2.86	7.69	0.00	0.00	0.00
<hr/>							
0.00	0.00	1.00	5.00	4.00	1.00	1.00	0.00
0.00	0.00	21.00	26.00	16.00	8.00	4.00	0.00
0.00	0.00	2.00	3.00	4.00	0.00	1.00	0.00
0.00	0.00	0.00	1.00	2.00	0.00	0.00	0.00

FREKKENSILS EERSTE KAART

024

0.00	16.67	83.33
0.00	20.00	80.00
0.00	70.00	30.00
0.00	100.00	0.00
0.00	7.41	13.70
0.00	55.56	82.19
0.00	25.93	4.11
0.00	11.11	0.00
0.00	2.00	10.00
0.00	15.00	60.00
0.00	7.00	3.00
0.00	3.00	0.00

## FREKWENSIES EERSTE KAART

027

0.00	10.00	50.00	0.00
0.00	74.67	22.33	0.00
0.00	90.00	10.00	0.00
0.00	100.00	0.00	0.00
<hr/>			
0.00	8.11	23.05	0.00
0.00	75.68	72.08	0.00
0.00	12.16	3.82	0.00
0.00	4.05	0.00	0.00
<hr/>			
0.00	6.00	6.00	0.00
0.00	50.00	19.00	0.00
0.00	9.00	1.00	0.00
0.00	3.00	0.00	0.00

## FREKWENSIES EERSTE KAART

66.67	0.00	8.33	0.00	8.33	0.00	16.67	0.00
57.33	0.00	5.33	9.33	1.33	0.00	25.33	1.33
30.00	0.00	0.00	40.00	10.00	0.00	10.00	10.00
0.00	0.00	0.00	23.33	33.33	0.00	33.33	0.00
14.81	0.00	20.00	0.00	25.00	0.00	8.70	0.00
79.63	0.00	80.00	54.33	25.00	0.00	82.61	50.00
5.50	0.00	0.00	13.33	25.00	0.00	4.35	50.00
0.00	0.00	0.00	8.33	25.00	0.00	4.35	0.00
8.00	0.00	1.00	0.00	1.00	0.00	2.00	0.00
43.00	0.00	4.00	7.00	1.00	0.00	19.00	1.00
3.00	0.00	0.00	4.00	1.00	0.00	1.00	1.00
0.00	0.00	3.00	1.00	1.00	0.00	1.00	0.00

## FREKVENSIES EERSTE KAART

0.00	0.00	16.67	25.00	16.67	16.67	0.00	25.00
0.00	4.00	9.33	9.33	16.00	25.33	14.67	21.33
0.00	0.00	0.00	3.00	50.00	20.00	20.00	10.00
0.00	0.00	0.00	33.33	0.00	33.33	33.33	0.00
0.00	0.00	22.22	27.27	16.53	8.35	0.00	15.00
0.00	10.00	77.78	63.64	63.16	79.17	76.57	80.00
0.00	0.00	0.00	0.00	20.22	8.33	14.29	5.00
0.00	0.00	0.00	9.09	0.00	4.17	7.14	0.00
0.00	0.00	2.00	1.00	2.00	2.00	0.00	3.00
0.00	3.00	7.00	7.00	12.00	19.00	11.00	16.00
0.00	0.00	0.10	0.00	5.00	2.00	2.00	1.00
0.00	0.00	0.00	1.00	0.00	1.00	1.00	0.00

026

029								031								028								032							
FREKWENSIES EERSTE KAART								FREKWENSIES EERSTE KAART								FREKWENSIES EERSTE KAART								FREKWENSIES EERSTE KAART							
41.67	58.33	0.00						0.00	66.67	25.00	8.33					8.33	58.33	33.33						0.00	66.67	33.33					
57.33	36.00	6.67						0.00	62.67	37.33	0.00					14.67	42.67	42.67						0.00	61.33	18.67					
60.00	40.00	0.00						0.00	90.00	10.00	0.00					40.00	40.00	20.00						0.00	90.00	10.00					
33.33	66.67	0.00						0.00	66.67	33.33	0.00					33.33	66.67	0.00						0.00	100.00	0.00					
9.09	17.55	0.00						0.00	12.12	9.09	100.00					5.88	15.56	10.53						0.00	9.88	21.05					
78.18	67.55	100.00						0.00	71.21	84.85	0.00					64.71	71.11	84.21						0.00	75.31	73.68					
10.91	10.00	0.00						0.00	13.64	3.03	0.00					23.53	8.89	5.26						0.00	11.11	5.26					
1.82	5.00	0.00						0.00	3.03	3.03	0.00					5.88	4.44	0.00						0.00	3.70	0.00					
5.00	7.00	0.00						0.00	8.00	3.00	1.00					1.00	7.00	4.00						0.00	8.00	4.00					
42.00	27.00	5.00						0.00	47.00	28.00	0.00					11.00	32.00	32.00						0.00	61.00	14.00					
6.00	4.00	0.00						0.00	9.00	1.00	0.00					4.00	4.00	2.00						0.00	9.00	1.00					
1.00	2.00	0.00						0.00	2.00	1.00	0.00					1.00	2.00	0.00						0.00	3.00	0.00					
FREKWENSIES EERSTE KAART								FREKWENSIES EERSTE KAART								FREKWENSIES EERSTE KAART								FREKWENSIES EERSTE KAART							
41.67	0.00	25.00	0.00	0.00	0.00	33.33		0.00	16.67	83.33						0.00	91.67	8.33	0.00					0.00	91.67	8.33	0.00				
62.67	4.00	0.00	6.67	6.67	2.67	0.00	17.33	0.00	10.67	89.33						0.00	77.33	12.67	4.00					0.00	77.33	12.67	4.00				
60.00	0.00	0.00	10.00	0.00	0.00	10.00	20.00	0.00	10.00	90.00						0.00	90.00	10.00	0.00					0.00	90.00	10.00	0.00				
33.33	66.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33.33	66.67						0.00	100.00	0.00	0.00					0.00	100.00	0.00	0.00				
8.47	0.00	37.50	0.00	0.00	0.00	21.05		0.00	16.67	11.36						0.00	13.58	6.35	0.00					0.00	13.58	6.35	0.00				
79.66	60.00	62.50	83.33	100.00	0.00	66.42		0.00	66.67	76.14						0.00	71.00	87.50	100.00					0.00	71.00	87.50	100.00				
10.17	0.00	0.00	19.67	0.00	100.00	10.53		0.00	8.33	10.23						0.00	11.11	6.25	0.00					0.00	11.11	6.25	0.00				
1.89	40.00	0.00	0.00	0.00	0.00	0.00		0.00	8.33	2.27						0.00	3.70	0.00	0.00					0.00	3.70	0.00	0.00				
5.00	0.00	3.00	0.00	0.00	0.00	4.00		0.00	2.00	10.00						0.00	11.00	1.00	0.00					0.00	11.00	1.00	0.00				
47.00	3.00	5.00	5.00	1.00	0.00	13.00		0.00	8.00	67.00						0.00	58.00	14.00	3.00					0.00	58.00	14.00	3.00				
6.00	0.00	0.00	1.00	0.00	1.00	2.00		0.00	1.00	9.00						0.00	9.00	1.00	0.00					0.00	9.00	1.00	0.00				
1.00	2.00	0.00	0.00	0.00	0.00	0.00		0.00	1.00	2.00						0.00	3.00	0.00	0.00					0.00	3.00	0.00	0.00				
FREKWENSIES EERSTE KAART								FREKWENSIES EERSTE KAART								FREKWENSIES EERSTE KAART								FREKWENSIES EERSTE KAART							
0.00	16.67	0.00	25.00	33.33	16.67	0.00	8.33	0.00	0.00	8.33	0.00	0.00	50.00	25.00	16.67	0.00	8.33	0.00	0.00					0.00	8.33	0.00	0.00				
0.00	42.67	6.67	9.33	28.00	13.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.67	54.67	25.33	0.00	1.33	4.00	0.00				0.00	1.33	4.00	0.00				
0.00	60.00	0.00	10.00	10.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.00	30.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00				
0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	33.33	66.67	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00				
0.00	5.00	0.00	27.27	13.75	15.38	0.00	100.00	0.00	0.00	50.00	0.00	0.00	0.00	10.91	11.11	100.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00				
0.00	80.00	100.00	63.64	72.41	76.92	0.00	0.00	0.00	0.00	50.00	0.00	0.00	0.00	74.55	70.37	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00				
0.00	15.00	0.00	5.89	3.45	7.69	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	12.73	11.11	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00				
0.00	0.00	0.00	0.00	10.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.82	7.41	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00				
0.00	2.00	0.00	3.00	4.00	2.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	0.00	6.00	3.00	2.00	0.00	1.00	0.00	0.00				0.00	1.00	0.00	0.00				
0.00	32.00	5.00	7.00	21.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41.00	19.00	0.00	0.00	1.00	3.00	11.00				0.00	1.00	3.00	11.00				
0.00	6.00	0.00	1.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00	5.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00				
0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	2.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00				



FREKWENSIES EERSTE KAART							037	FREKWENSIES EERSTE KAART							040
0.00	9.09	9.09	54.55	27.27	0.00	0.00		0.00	41.67	8.33	8.33	33.33	8.33	0.00	0.00
0.00	15.07	6.03	61.64	9.59	8.85			0.00	50.00	8.11	20.27	6.76	4.05	2.70	8.11
0.00	20.00	40.00	40.00	0.00	0.00			0.00	60.00	0.00	20.00	10.00	0.00	0.00	10.00
0.00	0.00	0.00	0.00	0.00	0.00			0.00	66.67	0.00	0.00	0.00	0.00	0.00	33.33
0.00	7.14	10.00	10.14	30.00	0.00			0.00	10.00	14.29	5.56	40.00	25.00	0.00	0.00
0.00	78.57	50.00	77.59	70.00	100.00			0.00	74.00	85.71	83.33	50.00	75.00	100.00	75.00
0.00	14.29	40.00	6.90	0.00	0.00			0.00	12.00	0.00	11.11	10.00	0.00	0.00	12.50
0.00	0.00	0.00	5.17	0.00	0.00			0.00	4.00	0.00	0.00	0.00	0.00	0.00	12.50
0.00	1.03	1.03	6.19	3.09	0.00			0.00	5.05	1.01	1.01	4.04	1.01	0.00	0.00
0.00	11.34	5.15	46.39	7.22	5.15			0.00	37.37	6.06	15.15	5.05	5.05	2.02	6.06
0.00	2.06	4.12	4.12	0.00	0.00			0.00	6.06	0.00	2.02	1.01	0.00	0.00	1.01
0.00	0.00	0.00	2.05	0.00	0.00			0.00	2.02	0.00	0.00	0.00	0.00	0.00	1.01

FREKWENSIES EERSTE KAART							038	FREKWENSIES EERSTE KAART							041	FREKWENSIES EERSTE KAART							042
0.00	33.33	66.67						0.00	41.67	58.33				58.33	0.00	0.00	16.67	25.00	0.00	0.00			
0.00	35.14	64.86						0.00	30.67	69.33				69.33	0.00	2.67	14.67	9.33	4.00	0.00			
0.00	30.00	70.00						0.00	20.00	80.00				80.00	0.00	10.00	10.00	0.00	0.00	0.00			
0.00	33.33	66.67						0.00	0.00	100.00				100.00	0.00	0.00	0.00	0.00	0.00	0.00			
0.00	11.76	12.51						0.00	16.67	10.00				10.00	0.00	0.00	14.29	30.00	0.00	0.00			
0.00	78.47	72.85						0.00	78.67	74.29				74.29	0.00	6.67	78.57	70.00	100.00	0.00			
0.00	8.82	10.77						0.00	6.67	11.43				11.43	0.00	33.33	7.14	0.00	0.00	0.00			
0.00	2.94	3.03						0.00	0.00	4.29				4.29	0.00	0.00	0.00	0.00	0.00	0.00			
0.00	4.04	8.08						0.00	5.00	7.00				7.00	0.00	0.00	2.00	3.00	0.00	0.00			
0.00	26.26	46.48						0.00	22.00	52.00				52.00	0.00	2.00	11.00	7.00	3.00	0.00			
0.00	3.03	7.07						0.00	2.00	8.00				8.00	0.00	1.00	1.00	0.00	0.00	0.00			
0.00	1.01	2.02						0.00	0.00	3.00				3.00	0.00	0.00	0.00	0.00	0.00	0.00			

FREKWENSIES EERSTE KAART							039	FREKWENSIES EERSTE KAART							043	FREKWENSIES EERSTE KAART							044
0.00	41.67	16.67	8.33	0.00	16.67	8.33	8.33	0.00	91.67	8.33				0.00	33.33	66.67							
0.00	64.00	16.00	10.67	0.00	3.00	1.33	0.00	0.00	65.33	34.67				0.00	6.67	93.33							
0.00	90.00	0.00	10.00	0.00	0.00	0.00	0.00	0.00	70.00	30.00				0.00	30.00	70.00							
0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00				0.00	0.00	100.00							
0.00	7.89	14.29	10.00	0.00	25.00	50.00	100.00	0.00	15.71	3.33				0.00	33.33	9.09							
0.00	73.85	85.71	80.00	0.00	75.00	50.00	3.00	0.00	70.00	86.67				0.00	41.67	79.55							
0.00	13.85	0.00	10.00	0.00	0.00	0.00	0.00	0.00	10.00	10.00				0.00	25.00	7.55							
0.00	4.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.29	0.00				0.00	0.00	3.41							
0.00	5.00	2.00	1.00	0.00	2.00	1.00	1.00	0.00	11.00	1.00				0.00	4.00	8.00							
0.00	46.00	12.00	8.00	0.00	6.00	1.00	0.00	0.00	49.00	25.00				0.00	5.00	70.00							
0.00	9.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	7.00	3.00				0.00	3.00	7.00							
0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	0.00				0.00	0.00	3.00							



FREKWENSIES EERSTE KAART							045	FREKWENSIES EERSTE KAART							048								
66.67	0.00	0.00	8.33	25.00	0.00	0.00		0.00	41.67	16.67	8.33	8.33	8.33	0.00	8.33	8.23	0.00	0.00	0.00				
93.33	0.00	0.00	1.33	5.33	0.00	0.00		0.00	36.00	17.33	14.67	5.33	0.00	4.00	6.67	6.67	6.67	1.33	1.33				
70.00	0.00	0.00	10.00	20.00	0.00	0.00		0.00	50.00	30.00	10.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00	0.00				
100.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	66.67	0.00	0.00	0.00	0.00	0.00	33.33	0.00	0.00	0.00				
9.09	0.00	0.00	33.33	33.33	0.00	0.00		0.00	13.51	10.00	7.69	20.00	100.00	0.00	16.67	12.50	0.00	0.00	0.00				
79.59	0.00	0.00	33.33	44.44	0.00	0.00		0.00	72.97	65.00	84.62	80.00	0.00	100.00	83.33	62.50	100.00	100.00	100.00				
7.95	0.00	0.00	33.33	22.22	0.00	0.00		0.00	13.51	11.00	7.69	0.00	0.00	0.00	0.00	12.50	0.00	0.00	0.00				
3.41	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	10.00	0.00	0.00	0.00	0.00	0.00	12.50	0.00	0.00	0.00				
8.00	0.00	0.00	1.00	3.00	0.00	0.00		0.00	5.00	2.00	1.00	1.00	1.00	0.00	1.00	1.00	0.00	0.00	0.00				
70.00	0.00	0.00	1.00	4.00	0.00	0.00		0.00	27.00	12.00	11.00	4.00	0.00	3.00	5.00	5.00	5.00	1.00	1.00				
7.00	0.00	0.00	1.00	2.00	0.00	0.00		0.00	5.00	2.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00				
3.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00				
															049								
FREKWENSIES EERSTE KAART							046	FREKWENSIES EERSTE KAART							047	FREKWENSIES EERSTE KAART							
0.00	0.00	0.00	0.00	0.00	0.00	41.67	41.67	16.67	0.00	0.00		0.00	91.67	8.33			0.00	16.67	83.33	0.00			
0.00	0.00	1.33	1.33	1.33	17.33	30.67	14.67	28.00	2.67	2.67		0.00	77.33	22.67			1.33	40.00	50.67	8.00			
0.00	0.00	0.00	0.00	10.00	30.00	40.00	10.00	10.00	0.00	0.00		0.00	80.00	20.00			0.00	10.00	90.00	0.00			
0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00		0.00	100.00	0.00			0.00	33.33	33.33	33.33			
0.00	0.00	0.00	0.00	0.00	0.00	14.29	29.41	8.33	0.00	0.00		0.00	13.75	5.00			0.00	5.88	17.24	0.00			
0.00	0.00	100.00	0.00	0.00	50.00	81.25	65.71	64.71	87.50	100.00		0.00	72.50	85.00			100.00	88.24	65.52	85.71			
0.00	0.00	0.00	0.00	50.00	18.75	11.43	5.88	4.17	0.00	0.00		0.00	10.00	10.00			0.00	2.94	15.52	0.00			
0.00	0.00	0.00	0.00	0.00	0.00	8.57	0.00	0.00	0.00	0.00		0.00	3.75	0.00			0.00	2.94	1.72	14.29			
0.00	0.00	0.00	0.00	0.00	0.00	5.00	5.00	2.00	0.00	0.00		0.00	11.00	1.00			0.00	2.00	10.00	0.00			
0.00	0.00	1.00	1.00	1.00	13.00	23.00	11.00	21.00	2.00	2.00		0.00	58.00	17.00			1.00	30.00	38.00	8.00			
0.00	0.00	0.00	0.00	1.00	3.00	4.00	1.00	1.00	0.00	0.00		0.00	8.00	2.00			0.00	1.00	9.00	0.00			
0.00	0.00	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00		0.00	3.00	0.00			0.00	1.00	1.00	1.00			
							050																
FREKWENSIES EERSTE KAART								FREKWENSIES EERSTE KAART							051	FREKWENSIES EERSTE KAART							052
0.00	8.33	33.33	50.00	0.00	0.00	8.33	0.00		8.33	16.67	75.00						8.33	16.67	75.00				
0.00	8.00	36.00	37.33	5.33	2.67	10.67	0.00		0.00	13.33	86.67						0.00	13.33	86.67				
0.00	20.00	0.00	10.00	30.00	40.00	0.00	0.00		10.00	10.00	80.00						10.00	30.00	80.00				
0.00	66.67	0.00	33.33	0.00	0.00	0.00	0.00		0.00	0.00	100.00						0.00	0.00	100.00				
0.00	9.09	11.90	16.67	0.00	0.00	11.11	0.00		50.00	15.38	10.59						50.00	13.33	10.59				
0.00	54.55	87.10	77.78	57.14	33.33	88.89	0.00		0.00	76.92	76.47						0.00	66.67	76.47				
0.00	18.18	0.00	2.78	42.86	66.67	0.00	0.00		50.00	7.69	9.41						50.00	10.00	7.23				
0.00	18.18	0.00	2.78	0.00	0.00	0.00	0.00		0.00	0.00	3.53						0.00	0.00	3.53				
0.00	1.00	4.00	6.00	0.00	0.00	1.00	0.00		1.00	2.00	9.00						1.00	2.00	9.00				
0.00	0.00	27.00	28.00	4.00	2.00	8.00	0.00		0.00	10.00	65.00						0.00	10.00	65.00				
0.00	2.00	0.00	1.00	3.00	4.00	0.00	0.00		1.00	1.00	8.00						1.00	3.00	8.00				
0.00	2.00	0.00	1.00	0.00	0.00	0.00	0.00		0.00	0.00	3.00						0.00	0.00	3.00				

FREKWENSIES EERSTE KAART	053	FREKWENSIES EERSTE KAART	055	FREKWENSIES EERSTE KAART	057
0.00 66.67 33.33		0.00 58.33 41.67		0.00 25.00 41.67 33.33	
0.00 77.22 22.67		0.00 54.67 45.33		0.00 54.79 34.25 10.96	
100.00 60.00 10.00		0.00 50.00 50.00		0.00 90.00 10.00 0.00	
0.00 100.00 0.00		0.00 33.33 66.67		0.00 66.67 33.33 0.00	
0.00 10.33 18.18		0.00 12.50 10.87		0.00 5.56 15.63 33.33	
0.00 75.22 77.27		0.00 75.93 73.91		0.00 74.07 78.13 86.67	
100.00 10.33 4.55		0.00 5.26 10.87		0.00 16.67 3.13 0.00	
0.00 2.90 0.00		0.00 1.85 4.35		0.00 2.70 3.13 0.00	
0.00 8.00 4.00		0.00 7.00 5.00		0.00 3.06 5.10 4.08	
0.00 58.00 17.00		0.00 41.00 34.00		0.00 40.82 25.51 8.18	
1.00 8.00 1.00		0.00 5.00 5.00		0.00 5.18 1.02 0.00	
0.00 3.00 0.00		0.00 1.00 2.00		0.00 2.04 1.02 0.00	
FREKWENSIES EERSTE KAART	054	FREKWENSIES EERSTE KAART	056	FREKWENSIES EERSTE KAART	058
0.00 41.67 58.33		0.00 34.55 27.27 18.18		0.00 25.00 75.00	
0.00 32.00 68.00		0.00 47.30 43.65 4.05		0.00 32.00 68.00	
0.00 30.00 70.00		0.00 60.00 40.00 0.00		0.00 50.00 50.00	
0.00 66.67 33.33		0.00 33.33 66.67 0.00		0.00 66.67 33.33	
0.00 14.71 10.61		0.00 12.50 6.67 40.00		0.00 8.82 13.64	
0.00 70.59 77.27		0.00 72.92 80.00 60.00		0.00 70.59 77.27	
0.00 8.82 10.61		0.00 12.50 8.89 0.00		0.00 14.71 7.53	
0.00 5.88 1.52		0.00 2.08 4.44 0.00		0.00 5.88 1.52	
0.00 5.00 7.00		0.00 6.12 3.06 2.04		0.00 3.00 5.00	
0.00 24.00 51.00		0.00 35.71 36.73 3.06		0.00 24.00 51.00	
0.00 3.00 7.00		0.00 6.12 4.08 0.00		0.00 5.00 5.00	
0.00 2.00 1.00		0.00 1.02 7.04 0.00		0.00 2.00 1.00	
FREKWENSIES EERSTE KAART	059	FREKWENSIES EERSTE KAART	060		
0.00 0.00 0.00 16.57 25.00 33.33 25.00		0.00 50.00 0.00 25.00 8.33 16.67			
1.33 0.00 2.67 4.00 29.33 34.00 16.67		1.33 64.00 4.00 28.00 0.00 2.67			
0.00 0.00 10.00 10.00 20.00 30.00 30.00		0.00 30.00 0.00 60.00 0.00 10.00			
0.00 0.00 0.00 0.00 33.33 66.67 0.00		0.00 33.33 0.00 66.67 0.00 0.00			
0.00 0.00 0.00 33.33 10.71 9.52 15.00		0.00 10.34 0.00 9.33 10.00 40.00			
100.00 0.00 66.67 50.00 78.57 78.57 70.00		100.00 82.76 10.00 65.63 0.00 40.00			
0.00 0.00 33.33 16.67 7.14 7.14 15.00		0.00 5.17 0.00 18.75 0.00 20.00			
0.00 0.00 0.00 0.00 3.57 4.76 0.00		0.00 1.72 0.00 6.25 0.00 0.00			
0.00 0.00 0.00 2.00 3.00 4.00 3.00		0.00 6.00 0.00 3.00 1.00 2.00			
1.00 0.00 3.00 3.00 22.00 33.00 14.00		1.00 48.00 3.00 21.00 0.00 2.00			
0.00 0.00 1.00 1.00 2.00 3.00 3.00		0.00 3.00 0.00 5.00 0.00 1.00			
0.00 0.00 0.00 0.00 1.00 2.00 0.00		0.00 1.00 0.00 2.00 0.00 0.00			



FRENKENSIES EERSTE KLAAR														061
0.00	8.33	53.33	0.00	16.67	53.33	8.33	0.00							
1.33	17.33	28.00	5.33	14.67	18.37	12.00	2.67							
0.00	10.00	10.00	0.00	0.00	10.00	70.00	0.00							
0.00	0.00	33.33	0.00	33.33	0.00	33.33	0.00							
0.00	6.67	14.61	0.00	14.29	21.05	1.56	0.00							
100.00	86.67	77.78	100.00	78.57	73.68	50.00	100.00							
0.00	6.67	2.70	0.00	0.00	5.86	38.89	0.00							
0.00	0.00	3.70	0.00	7.14	0.00	5.56	0.00							
0.00	1.00	4.00	0.00	2.00	4.00	1.00	0.00							
1.00	13.00	21.00	4.00	11.00	14.00	9.00	2.00							
0.00	1.00	1.00	0.00	0.00	1.00	7.00	0.00							
0.00	0.00	1.00	0.00	1.00	0.00	1.00	0.00							

FRENKENSIES EERSTE KLAAR														062
0.00	25.00	0.00	0.00	0.00	8.33									
1.33	21.33	4.00	72.00	1.33										
0.00	20.00	0.00	70.00	10.00										
0.00	33.33	0.00	0.00	0.00										
0.00	13.64	0.00	11.27	33.33										
100.00	72.73	100.00	76.06	33.33										
0.00	9.09	0.00	9.86	13.33										
0.00	4.55	0.00	2.62	0.00										
0.00	3.00	0.00	8.00	1.00										
1.00	16.00	0.00	54.00	1.00										
0.00	2.00	0.00	7.00	1.00										
0.00	1.00	0.00	2.00	0.00										
FRENKENSIES EERSTE KLAAR														063
0.00	0.00	0.00	0.00	84.33	16.67									
1.33	5.41	10.81	79.28	4.05										
0.00	10.00	10.00	80.00	0.00										
0.00	0.00	0.00	0.00	0.00										
0.00	0.00	0.00	12.66	40.00										
100.00	80.00	80.00	73.43	60.00										
0.00	0.00	0.00	11.11	10.13	0.00									
0.00	0.00	0.00	3.00	0.00										
0.00	0.00	0.00	10.10	2.02										
1.01	4.04	8.08	58.55	3.03										
0.00	1.01	1.01	8.08	0.00										
0.00	0.00	0.00	3.03	0.00										
FRENKENSIES EERSTE KLAAR														064
0.00	0.00	0.00	33.33	8.33	0.00	0.00	50.00							
1.64	1.56	1.64	18.03	13.11	0.00	8.40	50.92							
0.00	0.00	0.00	30.00	0.00	10.00	60.00								
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00							
0.00	0.00	50.00	26.67	8.33	0.00	0.00	13.33							
100.00	100.00	50.00	73.33	66.67	0.00	83.33	68.89							
0.00	0.00	0.00	0.00	25.00	0.00	16.67	13.33							
0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.44							
0.10	0.00	1.18	4.71	1.18	0.00	0.00	7.06							
1.18	4.71	1.18	12.34	9.41	0.00	5.68	36.47							
0.00	0.00	0.00	0.00	3.53	0.00	1.18	7.06							
0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.55							
FRENKENSIES EERSTE KLAAR														065
0.00	0.00	41.67	56.33	0.00										
1.33	20.07	20.33	39.33	1.33										
0.00	0.00	40.00	60.00	0.00										
0.00	0.00	0.00	0.00	0.00										
0.00	0.00	17.56	10.23	0.00										
100.00	100.00	0.00	0.00	0.00										
0.00	0.00	14.29	8.92	0.00										
0.00	0.00	0.00	4.41	0.00										
0.00	0.00	5.00	7.00	0.00										
1.00	2.00	15.00	52.00	1.00										
0.00	0.00	4.00	6.00	0.00										
0.00	0.00	0.00	3.00	0.00										





FREKWENSIES TWEDE KAART 005				FREKWENSIES TWEDE KAART 009				FREKWENSIES TWEDE KAART 011							
0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	17.17	82.83		6.12	22.45	71.43	0.00	0.00	30.30	8.08	5.05	3.03	22.22	6.06	25.25
0.00	0.00	100.00		100.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	100.00	98.80		85.71	100.00	100.00	0.00	0.00	0.00	88.89	100.00	100.00	100.00	100.00	100.00
0.00	0.00	1.20		14.29	0.00	0.00	0.00	0.00	0.00	0.00	11.11	0.00	0.00	0.00	0.00
0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	17.00	82.00		6.06	22.22	70.71	0.00	0.00	0.00	30.00	8.00	5.00	3.00	22.00	6.00
0.00	0.00	1.00		1.01	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00
FREKWENSIES TWEDE KAART 006				FREKWENSIES TWEDE KAART 010								FREKWENSIES TWEDE KAART 012			
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
83.51	3.09	12.37	1.03	6.06	7.07	7.07	6.06	3.03	2.02	54.55	2.02	12.12	0.00	97.98	2.02
100.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98.78	100.00	100.00	100.00	85.71	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	98.58	100.00
1.22	0.00	0.00	0.00	14.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.02	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
82.65	3.06	12.24	1.02	6.00	7.00	7.00	6.00	3.00	2.00	54.00	2.00	12.00	0.00	97.00	2.00
1.02	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00
FREKWENSIES TWEDE KAART 007				FREKWENSIES TWEDE KAART 013											
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
81.52	4.04	2.02	4.04	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	0.00	73.74	26.26
100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98.78	100.00	100.00	100.00	85.71	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	96.30	100.00
1.22	0.00	0.00	0.00	14.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.70
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
81.00	4.00	2.00	4.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	73.00	26.00
1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
FREKWENSIES TWEDE KAART 008				FREKWENSIES TWEDE KAART 014											
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.01	93.54	0.00	2.02	1.01	0.00	1.01	1.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
100.00	100.00	0.00	100.00	100.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	97.37	100.00
0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.63	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.00	93.00	0.00	2.00	1.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



$$H_1 = \{A_1, B_1, C_1, D_1, E_1, F_1, G_1, H_1, I_1, J_1, K_1, L_1, M_1, N_1, O_1, P_1, Q_1, R_1, S_1, T_1, U_1, V_1, W_1, X_1, Y_1, Z_1\}$$



FREKWENSIES TWEDE KAART 027						FREKWENSIES TWEDE KAART 031						FREKWENSIES TWEDE KAART 035					
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	
0.00	73.74	19.19	1.01	1.01	5.35	1.01	1.01	97.98				20.20	67.68	1.01	1.01	10.10	
0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00				0.00	0.00	0.00	100.00	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	
0.00	100.00	95.00	100.00	100.00	100.00	100.00	100.00	98.98				100.00	100.00	100.00	50.00	100.00	
0.00	0.00	5.00	0.00	0.00	0.00	0.00	0.00	1.02				0.00	0.00	0.00	50.00	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	
0.00	73.00	19.00	1.00	1.00	5.00	1.00	1.00	97.00				20.00	67.00	1.00	1.00	10.00	
0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00				0.00	0.00	0.00	1.00	0.00	
FREKWENSIES TWEDE KAART 028						FREKWENSIES TWEDE KAART 032						FREKWENSIES TWEDE KAART 036					
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
0.00	79.80	9.09	2.02	2.02	7.07	0.00	33.33	2.02	50.51	5.05	0.00	9.09	14.14	21.21	64.65		
0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	100.00		
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
0.00	100.00	90.00	100.00	100.00	100.00	0.00	100.00	98.04	100.00	0.00	100.00	100.00	100.00	100.00	98.46		
0.00	0.00	10.00	0.00	0.00	0.00	0.00	0.00	0.00	1.96	0.00	0.00	0.00	0.00	0.00	1.54		
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
0.00	79.00	9.00	2.00	2.00	7.00	0.00	33.00	2.00	50.00	5.00	0.00	9.00	14.00	21.00	64.00		
0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00		
FREKWENSIES TWEDE KAART 029						FREKWENSIES TWEDE KAART 033						FREKWENSIES TWEDE KAART 037					
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00			
0.00	78.57	2.04	3.04	12.24	4.00	14.29	71.43	14.29				0.00	86.87	13.13			
0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00	100.00				0.00	100.00	0.00			
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00			
0.00	100.00	100.00	100.00	100.00	92.31	100.00	100.00	93.33				0.00	98.85	100.00			
0.00	0.00	0.00	0.00	7.69	0.00	0.00	0.00	6.57				0.00	1.15	0.00			
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	0.00	0.00			
0.00	77.78	2.02	3.03	12.12	4.04	14.14	70.71	14.14				0.00	86.00	13.00			
0.00	0.00	0.00	0.00	1.01	0.00	0.00	0.00	1.01				0.00	1.00	0.00			
FREKWENSIES TWEDE KAART 030						FREKWENSIES TWEDE KAART 034						FREKWENSIES TWEDE KAART 038					
0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
1.01	1.01	96.97	1.01			14.14	20.20	14.14	28.28	11.11	7.07	3.03	2.02	86.87	8.08	1.01	1.01
0.00	0.00	100.00	0.00			0.00	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
100.00	100.00	98.97	100.00			100.00	100.00	100.00	96.55	100.00	100.00	100.00	100.00	98.85	100.00	100.00	100.00
0.00	0.00	1.03	0.00			0.00	0.00	0.00	3.45	0.00	0.00	0.00	0.00	1.15	0.00	0.00	0.00
0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.00	1.00	96.00	1.00			14.00	20.00	14.00	28.00	11.00	7.00	3.00	2.00	86.00	8.00	1.00	1.00
0.00	0.00	1.00	0.00			0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00

## FREKSENSIES TWEDE KAART 039

0.00	0.00	0.00	0.00	0.00
2.02	72.73	12.12	9.09	4.04
0.00	100.00	0.00	0.00	0.00

0.00	0.00	0.00	0.00	0.00
100.00	98.63	100.00	100.00	100.00
0.00	1.37	0.00	0.00	0.00

0.00	0.00	0.00	0.00	0.00
2.00	72.00	12.00	9.00	4.00
0.00	1.00	0.00	0.00	0.00

## FREKSENSIES TWEDE KAART 040

0.00	0.00	0.00	0.00	0.00
0.00	57.58	25.25	10.10	7.07
0.00	0.00	100.00	0.00	0.00

0.00	0.00	0.00	0.00	0.00
0.00	100.00	98.15	100.00	100.00
0.00	0.00	3.85	0.00	0.00

0.00	0.00	0.00	0.00	0.00
0.00	57.00	25.00	10.00	7.00
0.00	0.00	1.00	0.00	0.00

## FREKSENSIES TWEDE KAART

041

0.00	0.00	0.00	0.00
0.00	86.87	12.12	1.01
0.00	100.00	0.00	0.00

0.00	0.00	0.00	0.00
0.00	98.85	100.00	100.00
0.00	1.15	0.00	0.00

0.00	0.00	0.00	0.00
0.00	86.00	12.00	1.00
0.00	1.00	0.00	0.00

## FREKSENSIES TWEDE KAART

042

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.04	57.29	31.25	1.04	3.13	5.21	1.04	0.00
0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
100.00	98.21	100.00	100.00	100.00	100.00	100.00	0.00
0.00	1.79	0.00	0.00	0.00	0.00	0.00	0.00

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.03	56.70	30.93	1.03	3.09	5.15	1.03	0.00
0.00	1.03	0.00	0.00	0.00	0.00	0.00	0.00

## FREKSENSIES TWEDE KAART 043

0.00	0.00	0.00	0.00
11.11	74.75	11.11	3.03
0.00	100.00	0.00	0.00

0.00	0.00	0.00	0.00
100.00	98.67	100.00	100.00
0.00	1.33	0.00	0.00

0.00	0.00	0.00	0.00
11.00	74.00	11.00	3.00
0.00	1.00	0.00	0.00

## FREKSENSIES TWEDE KAART 044

0.00	0.00	0.00	0.00
96.97	2.02	1.01	0.00
100.00	0.00	0.00	0.00

0.00	0.00	0.00	0.00
98.97	100.00	100.00	0.00
1.03	0.00	0.00	0.00

0.00	0.00	0.00	0.00
96.00	2.00	1.00	0.00
1.00	0.00	0.00	0.00

## FREKSENSIES TWEDE KAART 045

0.00	0.00	0.00	0.00
89.90	9.09	0.00	1.01
100.00	0.00	0.00	0.00

0.00	0.00	0.00	0.00
98.89	100.00	0.00	100.00
1.11	0.00	0.00	0.00

0.00	0.00	0.00	0.00
89.00	9.00	0.00	1.00
1.00	0.00	0.00	0.00

## FREKSENSIES TWEDE KAART 046

0.00	0.00	0.00	0.00
96.97	3.03	0.00	0.00
100.00	0.00	0.00	0.00

0.00	0.00	0.00	0.00
98.97	100.00	0.00	0.00
1.03	0.00	0.00	0.00

0.00	0.00	0.00	0.00
96.00	3.00	0.00	0.00
1.00	0.00	0.00	0.00